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EDITED BY

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THE

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ORIGINAL CONTRIBUTIONS.

Dislocations of the Hip-Joint and Fractures of Long Bones of the Lower Extremities.

BY W. C. DAY, M. D., GREENFIELD, ILL.

I shall present for the consideration of the Society, Dislocations of the Hip-joint and Fractures of the Long Bones of the Lower Extremities. You doubtless will be impressed with the thought, that either of the topics, dislocations or fractures well elucidated, would require more time than is allotted to us on occasions of this kind; this is nevertheless true, but my object is merely to call your attention to a few practical points in a surgical point of view. I have selected this subject from the fact, that the members of the profession are not entirely harmonious in their views in regard to the treatment, *especially* of these injuries. I shall therefore expect friendly criticism from this Society; certainly, the great value of our association consists in its suggestive element, consequently discussion is the readiest channel for the dissemination of useful and practical ideas. I have associated in my article, Dislocations of the Hip-joint with Fractures, in the same locality, in order that we may familiarize ourselves with the differential points of diagnosis in the injuries of the hip-joint.

Fractures and dislocations have often baffled the skill of our most eminent surgeons; hence, they have many times been a prolific source of perplexing lawsuits to the surgeon. It is said of the learned and gifted Brainard, that toward the close of his professional career, he absolutely refused to treat fractures in his private practice, unless the patient or guardian would give a written guarantee accepting the result. This he did as a protection on account of some previous bad results which had brought about some troublesome litigations that terminated adversely to his interest.

If we peruse our works on medical jurisprudence, we find them teeming with illustrative cases of suits growing out of shortening and deformity from treatment of fractures. So hazardous have those cases been to surgeons, that our best authors on the subject concede as much as an inch or two shortening in oblique fractures of the long bones, especially of the lower extremities. This is an act of magnanimity on their part for which we feel truly grateful.

To be experts in this branch of surgery, we must be correct diagnosticians, and last, not least, render a fitting prognosis. It is certainly better to predict a result compatible with the nature of the case and its surroundings, than to promise a good result when reason and good judgment would insure the reverse.

It is taken for granted, that all are sufficiently familiar with the anatomy of the Coxo-femoral region, to comprehend the positions and conditions of those injuries without entering into a description of the parts anatomically.

The different forms of luxated hips have been accurately described by Sir Astley Cooper, and more neatly by Professor H. J. Bigelow. The are four principal varieties: 1. The head of the bone may be thrown upward and backward on the dorsum between the acetabulum and crista ilii; 2. It may be thrown backward into the sacro-sciatic notch resting on the pyroformis muscle; 3. It may be thrown downward into the thyroid foramen resting on the external obturator muscle; and, 4. The head of the femur may be thrown forward and upward on the horizontal branch of the pubic bone, under the psoas and iliacus muscles to the outer side of the femoral vessels. These four varieties (with three others not mentioned in this article) are denominated regular dislocations, in which the the Y or femoral ligament remains unbroken in one or both its branches. The head of the bone, however, may find lodgment in any direction intervening between these four varieties. These anomalous varieties are the irregular of Bigelow, and in which the ileo femoral ligament is wholly severed, and whose characteristic signs are therefore uncertain. In point of frequency, according to Hamilton, the dorsum variety is first, the ischiatic next, the thyroid next, and pubic least frequent.

The symptoms of dislocation will be taken up in regular order, and the method of reduction by manipulation with each case.

Symptoms of displacement on the dorsum ilii: The limb is shorter by an inch or two than the other; the great toe rests on the opposite instep; the knee is a little advanced and turned inward; the limb can be bent slightly across the other, but can not be turned outward. The trochanter is less prominent than natural, and nearer the spine of the ileum, and if the patient is lean and no swelling, the head of the bone can be felt in its new situation. This dislocation may be distinguished from fracture by the circumstances that in fracture of the neck of the femur the limb is not so fixed; it can be moved upward and outward easily, although attended with pain. The foot is everted and the limb can be drawn to its proper length by moderate extension, when, as in dislocation, it requires great force to restore the limb to its proper length and shape; but when the head is replaced in the acetabulum, it remains there. Reduction: Bigelow says, that "flexion lies at the foundation of success in the reduction of femoral dislocation, and compared with *this* the rest of the manipulation is of secondary importance." Hence, bend the knee on the thigh and the thigh on the pelvis. The surgeon then grasps the ankle with one hand and the knee with the other, causes the thigh to perform a circular movement of abduction, finishing with a slight rotary movement with extension, when the head of the bone will usually glide into its place. Professor Bigelow describes the method in this laconic sentence, "*to lift up, bend out, roll out.*" The next dislocation backward into the sciatic notch according to Sir Astley Cooper, or dorsal below the tendon of the obturator internus muscle by Bigelow, is characterized by the following symptoms: the limb is shortened from half inch to an inch; the toes rest on the ball of the great toe of the other foot; the knee is advanced and turned inward, but not so much as the dorsal dislocation; the trochanter is behind its natural site and is not so prominent; the head of the bone can scarcely ever be felt. Treatment:

Surgeons have found a great deal of difficulty in reducing this dislocation in times past. Sir Astley Cooper says: "The reduction of this dislocation is, in general, very difficult." The researches of Bigelow have certainly shed a great deal of light on the subject. The obstacle, according to him, results from the interposition of the tendon of the obturator internus (a muscle very tendinous in its structure), and the subjacent portion of the capsules which are rendered tense by traction, and so prevent the head of the femur from becoming replaced. The best way of relieving this injury is certainly by manipulatory maneuver, and Bigelow's method is by circumduction of the flexed thigh inward, so as to unroll or unlock the head of the bone; then abducts and everts the limb with an upward jerk, when the bone usually slips into the socket.

In dislocation downward with the head of the bone into the thyroid foramen on the obturator externus muscle, the symptoms are as follows: The limb is lengthened one or two inches; it is drawn away from the other and the toes point downward and directly forward; the body is bent forward because the psoas muscle is on the stretch. In the reduction of this dislocation, the indications are to draw the head of the bone outward and rather upward. This may be accomplished by placing some solid substance between the patient's thighs and near up to the perineum; then the foot may be carried inward across the median line, so that the solid substance between the patient's thighs will act as a fulcrum and throw the head of the bone outward and upward into its place. Severeal methods are given by Bigelow for this reduction, but his second method, that of traction, strikes me as an excellent maneuver in this displacement. He says: "Flex the limb toward the abdomen and draw the thigh outward by a towel passed around the upper part, or thrust it outward by applying the foot to the inside of the groin," then traction will bring it in place. The fourth and last position of the dislocated head of the femur, I shall notice, on this occasion, is the upward and forward or pubic dislocation; it is characterized by an inch shortening; it is very movable; the foot is drawn away from the other and considerably everted; the head of the bone may be plainly felt below Poupart's ligament, and from this circumstance this dislocation may be distinguished from fracture of the cervix femoris. Treatment: Flexion combined with adduction and at the same time an assistant to raise the head of the bone with a napkin. The head of the femur will usually glide into its place. The anomalous or unusual dislocations I shall *not* notice on this occasion, neither shall I dwell on the method of reduction by mechanical force.

FRACTURES.

I shall not enter upon any general consideration of fractures, but proceed immediately to notice those specially about the pelvic extremity of the femur.

Our authors are very voluminous on the subject of fractures. Many pages are written on the different kinds of fractures, their description and peculiarities. A thorough knowledge of these points is a *sine qua non* to the doctor in embryo, but as I am reading to the *grown*-up, fully-developed, mature doctors of the profession, I shall pass over this part of the subject and enter upon that practical part of it, merely noticing a few diagnostic points of difference between dislocations of the hip and fractures of the neck of the femur.

The signs of fracture are alteration in the shape of the hip, crepitus (except in impaction of the bone), pain at the seat of the injury, and inability to move the limb, with shortening and almost invariable eversion, with increased mobility at the seat of injury. In dislocation its existence is rendered evident by the change in the shape of the joint, and in the relations of the trochanters to the spines of the ischium; by the articular end of the femur being often felt in its new situation; fixidity and immobility of the joint; invariable inversion of the dorsal and backward displacement. It is of some practical importance to us as surgeons to be able to diagnose between extra and intra capsular fracture of the neck of the femur. This importance is the more evident from the fact that intra-capsular fractures usually occur in those advanced in life, generally above fifty years, and in those cases it is not expected for a bony union ever to take place (except in the impacted variety), consequently the treatment is materially modified by this circumstance.

A positive diagnosis can not every time be made, but the table given by Erichsen will so refresh our memories that we can not often err. The diagnostic points are thus given:

INTRA-CAPSULAR.	EXTRA-CAPSULAR.
1st. Cause generally slight and indirect, such as catching the foot in the carpet or slipping off the curbstone.	1st. Cause usually severe and direct violence, such as falling from a height or blow on the hip.
2d. Force usually applied longitudinally or obliquely.	2d. Force usually applied transversely.
3d. Age rarely below fifty; most commonly in aged feeble persons.	3d. Age usually below fifty; chiefly in vigorous adults.
4th. Pain and constitutional disturbance slight.	4th. Pain and constitutional disturbance usually considerable.
5th No apparent injury to soft parts about the hip.	5th. Considerable extravasation, ecchymosis and signs of direct injury to the hip.
6th. Crepitus often obscure.	6th. Crepitus (when not impacted) very readily felt.
7th. Shortening usually at first not more than one inch.	7th. Shortening when not impacted at least two inches.

All the other fractures of the thigh and leg are sufficiently easy to diagnose so as to need no further notice from this paper.

The management and treatment of fractures is one of the commonest duties of the surgeon, and it would be fortunate indeed if, in the treatment of these injuries, we had some old and established plan; some invariable rule by which we might treat these injuries; some machine, splint, or implement that never would fail to produce a good result, but unfortunately there is none. This then is suggestive of one fact, that the surgeon who treats fractures successfully must be conversant with all those principles pertaining to his art, and know how to use that knowledge in each particular case to advantage. In the treatment of the fractures we have under consideration, the surgeon must not confine his attention strictly to the bone, and think its reparation is to be effected, as a carpenter would splice a broken beam. There are other structures equally as important as the bone, that need his attention and need to be preserved and kept in as normal condition as possible; such as the skin, cellular tissue, muscles; also the age, sex, temperament, and physical condition of the patient should be taken into consideration in the management of fractures. The surgeon should not confine himself too much to one special plan or splint—should not follow strictly in "the old ruts." A little survey of the field will disclose many ways more appropriate and perhaps better; for there is no department in surgery perhaps where a greater amount of inventive ingenuity has been displayed in producing implements than in the treatment of fractures. Hence our resources are bountiful to select from. I have often been amused at some of our good-natured professional brethren for saying that Lister's long splint is good enough, time and usage have made it venerable, and it is conceded that we are to have two or three inches shortening any way in these fractures, and I will use it as I am acquainted with its action. It is needless to say that surgery has routinists as well as medicine. I certainly deprecate the plan of using ready-made splints, as are sold by the instrument makers. To be made useful you would have to hunt up the patient to fit the splint instead of having the splint to fit the patient. The materials that are needed in such cases are abundant everywhere in this blessed country of ours, and need cost but a trifle, or nothing—a small thin board—pasteboard, bundles of twigs, or straw, the inside bark of trees, tin, leather, iron rods, or wire, starch, plaster of paris, glue, sand bags, cotton cloths, and batting, etc. So that out of such materials the surgeon must select, and be ingenious enough to extemporize such splints and appliances as will fit and suit his case, and if he can not do this, he is certainly not adapted to his calling, and if he continues without acquiring that adaptiveness requisite to the case, he will often be mortified in beholding his own horrible blunders.

TREATMEMT OF INTRA-CAPSULAR FRACTURE.

When this fracture occurs in persons advanced in life, feeble and debilitated, we may expect visceral disease to develop, that will terminate the patient's existence in a few weeks; but if complications of this kind should not occur, at best we are not to expect the fractural neck strictly inside the capsule to be united by ossific matter. Hence, reason would suggest that the patient be made as comfortable as possible in the recumbent position, until the pain and inflammation subside. This may be done to the best advantage by supporting the limb by means of pillows and sand-bags. The limb may be extended by weight and pulley, so as to steady it and prevent motion. After the pain and inflammatory symptoms have somewhat abated. if the patient's strength will permit, he can sit up in a chair, until he has sufficient strength to get around on crutches, for it is useless to sacrifice his health and strength by long confinement, and run the risk of producing troublesome bed-sores, with no hope or object in view that can benefit this fracture in the way of bringing about a bony union. If the patient, however, is robust and healthy, and we are satisfied the fragments are held together by periosteum or impacted, we can then treat the patient on general principles, with the hope that the fractured neck may be cemented by ossific matter.

Simple transverse fractures of the shaft of the femur may be treated by the starch bandage, I think, to the best advantage. In this injury, if the fragments are properly replaced and well supported by a good pasteboard splint over the seat of the fracture, and then the starch bandage well and evenly applied over the pasteboard, then I think we need have no fears of deformity of limb, and have the great advantage of putting our patient out on crutches in a few days, and by this means the health is kept up to a good standard, and a speedy union is insured.

Simple or compound transverse or oblique fracture in the lower end of the femur near the condyles is best treated in the flexed condition. In this fracture the lower fragment is powerfully acted on by the gastrocnemius, plantarius, and popliteus muscles, thereby flexing the knee-joint, even when the leg is extended by the powerful contraction of these muscles. If this fracture were treated with the limb in perfect extension, it is not likely the fracture would ever unite. Hence, the limb should be treated on a double inclined plane, and in this position only can we anticipate a good result. Simple or compound *transverse* fractures of the fibula and tibia may be treated with the plaster-paris splint with an excellent result, and very agreeable to the patient. I would treat all oblique fractures, whether simple, compound, or comminuted, of the femur (except where it occurs near the condyles or inside the capsular ligament), also all simple, compound, or comminuted oblique fracture of the tibia and fibula (except very near the ankle joint), by *suspending* the limb, and *extending* it by means of the force of *gravitation*.

These kind of fractures, treated by the combination of these principles, will, I confidently believe, produce a better result, all things being equal, than any other contrivance that was ever brought to the notice of surgeons for the treatment of oblique complicated fractures of the long bones of the lower extremities. Let us reason upon the case. It is an indisputable fact, that shortening in oblique fracture is caused by muscular contractility. And another fact, muscular contraction can not be readily overcome and made to yield by force suddenly applied in the living and unanæsthetized subject. A fact equally potent is, that contracted muscles can readily be made to yield by force *equally*, *evenly*, and *continuously* applied. Hence, extension by means of the force of gravitation is the positive and exact antagonist of muscular contraction. Whoever originated this idea of treating fractures, and has priority in introducing it to the profession, matters nothing to us as practitioners. What we want, and that which concerns us most, is that kind of *splint* for the treatment of those injuries that combines and utilizes the principles just enumerated to the fullest extent. Professor Hodgsen's "wire suspension splint" does this completely and without defect. You will bear with me and not consider me too enthusiastic when I assert, that for the treatment of the fractures just mentioned, this *splint* has no *superior*, and I doubt very much if it has ever been equaled. My assertions are founded on observation and experience. I used it, and witnessed its use, for nearly two years in the army during the late war, and in my own practice, since the war, I have treated these fractures exclusively with this splint, and with a result that I have never regretted in a single instance. No doubt but a great many of you have used it and are conversant with its mechanism, but to those who have not had their attention called to it, I will refer you for a description of it to the St. Louis *Med. and Surg. Journal*, No. 1, Vol. I. New sSries 1864. Pp. 19, 20.

I will quote a few paragraphs from the article by Professor Hodgsen to show the advantages claimed for it:

1st. "That the limb is entirely free from compressing bandages so that circulation and nutrition are uninterrupted, consequently repair goes on in its wonted course.

2d. "The limb may be examined without disturbing the dressings.

3d. "Any one of the supporting strips may be removed and replaced without displacing the fracture, consequently the external wound may be freely dressed and all offensive matter removed as often as may be required.

4th. "The absence of the perineal band, and the limb being suspended on strips of muslin, there can be no perineal excoriations, no ulceration of the heel, while every part of the limb is kept cool in the hottest weather.

5th. "The freedom with which the limb moves in obedience to impulses received from the hip and upper part of the thigh allows the patient to sit up, to move to any part of the bed, or lift himself on a bed-pan, without disturbing the fracture or causing the least pain."

My experience with the use of this splint for nearly fifteen years confirms the above statement in every particular.

I verily believe that simple oblique fracture of the femur and tibia (and compound fracture also, if there is no loss of structure) can be treated by this method in the most instances *without*, or *scarcely* any *shortening*. I am sure I have treated a great many of those fractures with results in accordance with this statement.

Objective Snapping Noises in the Ear.

BY W. R. AMICK, M. D., CINCINNATI, OHIO.

Miss S., Æt. thirty, is a lady that enjoyed good health until she was about eighteen years old. Since that time she has been troubled with pains in the cardiac region. The pain is not constant, but at times is severe, and then it produced, or rather is followed by vertigo and nausea. The family physician told her that the trouble was caused by cardiac debility. After she had had one or two "fainting spells," she noticed a peculiar cracking or snapping noise in the ears. Previous to this there had never been any trouble connected with the organs of hearing. There is not, and has not been, to her knowledge, any aural trouble in the family. At present she is rather delicate and very nervous. Anything that excites her not only increases the action of the heart, but also increases both the force and frequency of the snapping sound in her ears. When somewhat excited, the sound can be heard at a distance of about four feet from either ear. It alternates without any regularity, being loudest first in one ear and then in the other. At a short distance it appears as a single sound, and resembles the noise produced by rubbing and snapping the thumb and finger nails. By placing the ear very close or using a stethoscope, you hear a double sound. On examination there is seen a slight movement of the drum-head corresponding with the sound, producing a little change in the triangular spot of light. By inclining the head to one side, filling the external canal with water and adjusting a small lever, a slight movement could be seen when the sounds were loud, otherwise no motion could be ascertained.

The membranæ tympani appeared to be normal with the exception of some mucus or fluid in the cavity of the tympanum. There is a very marked movement of the soft palate, synchronous with the sound from the ears. The fauces, especially the posterior wall, were considerably congested. The condition of the posterior wall in addition to the congestion, was of a granular form.

The tone of the tuning-fork was changed during the occurrence of the sound. But this test was not quite satisfactory, as the patient was not positive as to the nature of the change produced. At first she thought that the change was due more to an apparently decrease of the sound from the tuning-fork by the sound in the ears. Afterward, when her attention had been called to it, she thought that there was an elevation of the sound of the fork when the noise was produced in the ear. The elevation took place with a quick gradual ascent, rather than with an interruption, and then returned in a similar manner to the original tone. I think that the latter statement is the correct one.

The position of the head had no influence in controlling or even modifying the sound, and a suspension of respiration produced no change whatever. By an act of the will she could control it for a short time, but stated that it made her weak and nervous to do so, which would be followed by a disagreeable feeling of nausea in the stomach, and a general depressed condition resembling nervous exhaustion. This condition is brought about by a forced concentration of mind upon the noise itself, without a cessation of respiration. The sound then gradually dies out, becoming weaker and weaker until it ceases entirely. Whether the depressed condition, alluded to above, is due to this concentration of thought is more than I know, as I did not make any inquiries in regard to it.

During the examination these objective sounds were heard fifty-four times per minute, while the pulse at the same time was eighty. The sounds are very irregular, and the interval between them is much longer in some instances than others. There may be considerable regularity for a minute or more, then again this irregularity will be noticed immediately. They did not appear to be intermittent, but the interval was, apparently at least, lengthened a fourth, a third, a half, and sometimes even more. It is evident that the sound is not produced by the action of the head, as there could be traced no relation existing between the carotid pulse and the ear sound. There is scarcely, if any difference in intensity between the two ears. The sound can be heard very distinctly at either side of the nose, and is as audible at the mouth, when it is open, as it is at the auricles. Hearing does not appear to be impaired, and although this cracking and snapping has continued constantly for nine years, yet it has not, and does not produce any annoyance. Her statement is, "that it has continued so long that she has become accustomed to it," and therefore it causes no inconvenience. In answer to the question as to whether it annoys her at night, or was increased by the recumbent position, thus preventing sleep, she replied that it gave her no trouble, and did not have any tendency to prevent sleep. Nothing except excitement would augment the sounds, and nothing, that she knew of, except the concentration of thought upon the difficulty would prevent it. Quietude produced the minimum sounds. When asked to perform the Valsalvan method of inflation and continue for a time, it was found to prevent the sounds entirely so long as the air was kept forcibly in the tympanic cavities. As she did not present herself for treatment, but simply for examination, nothing can be said in that line.

I think, from the nature and location of the sounds, that it is due to muscular contraction, and that the chief factor is the separation of the patulous walls of the internal portions of the eustachian tubes that are covered with mucus.

Judging from appearances, I think that the action of the tensor tympani muscle is passive, and that the origin of the trouble is located elsewhere. If the tensor tympani was at fault we would have a more marked movement of the membranæ tympani. As it is, this movement is very slight, and can not be noticed unless the sound is produced with considerable force. Even then, this movement, although caused by the tensor tympani, yet, I think that it is due to a drawing on, rather than a contraction of this muscle. The trouble in this case appears to be connected with the eustachian tubes, internal to the isthmus, or in the cartilaginous portions. It is also evident that a great portion of the force is expended on the levator palati, tensor tympani, and tensor veli palatini muscles, as is evidenced by its marked movement of the soft palate.

In a normal condition of the eutachian tube, the mucous membranes are in contact, but are easily separated. The act of swallowing not only separates them, but forces a small quantity of air into the cavity of the tympanum. In this manner we have that cavity ventilated. The mucous membrane of the tube, like a mucous membrane located elsewhere, secretes mucus. In a condition like the present one, we have a hypersecretion with more viscidity than normal. During a contraction of the muscles, the walls recede sufficiently to separate the mucous membrane and break the film of mucus intervening. This separation of the walls of the tube and breaking of viscid mucus, is, in my opinion, the origin of the sound in the case under consideration. The movement of the soft palate is also due to the contraction of the same muscles.

The causes, as given by Burnett, of the occurrence of involuntary objective noises in the ear, have been sought for in several ways, as in neuralgia of the superior maxillary branch of the fifth pair of nerves, with tic of the seventh and of the branch which the inferior maxillary sends to the tensor tympani by means of the otic ganglion (Leudet), or in a reflex spasm conveyed from the sensory nerves of the diseased mucous membrane to the corresponding motor nerves in cases connected with catarrh of the pharynx (Kilpper).

In the case under consideration, there is no direct history of neuralgia proper, but a tendency in that direction, and this, with the catarrhal trouble of the fauces, is probably the cause of the spasms. She did not complain of the throat, in fact did not suppose that there was anything abnormal there. But that supposition may be due, first, to the congestion being slight and causing no special difficulty; and second, to the fact that her mind has been engaged with the peculiar snapping noises in the ears, and if there was any unnatural feeling about the fauces, it could easily be called a result of the latter, and thus not be noticed specially.

Dr. Girvin, of Philadelphia, reports a case occurring in a Japanese boy eighteen years old. In this case the sound emanated from the right ear, and was snapping in character. The young man did not have the ear treated, but was under observation for some time for difficulty in the left ear. After a while a perforation of the right drum had occurred, which rendered the noises very infrequent and almost inaudible, and finally ceased entirely. In about a week a slight mucous discharge was observed, which was probably due to exposure of the lining membrane of the tympanum. This was stopped, and the perforation in the membranæ tympani closed. The snapping noises did not return, and all the spasmodic movements that had previously existed were entirely relieved.

Dr. Holmes, of Chicago, reports the case of a seamstress, seventeen years of age, in which objective sounds were heard in both ears. They were audible eighteen inches from the left, and five or six inches from the right auricle. The sounds in this case were composed of two parts, the first being the louder. They occurred, as also the spasm of the palatal muscles, about forty times per minute. In this case, deglutition or holding the breath increased the distinctness of the sounds, while a "cold in the head" lessened it, but did not materially increase the deafness. The sounds in this case, although heard when she opened her mouth, yet they were indistinct and appeared to emanate from a distance. He considers that the following three factors are to be taken into consideration in discussing the cause of the sound: 1st. The separation of the walls of the eustachian tubes near their opening; 2d. The passage of air into the middle ear with each contraction of the pharyngeal muscles; and, 3d, possibly most important, a spasmodic contraction of the tensor tympani.

In the case that I have given, as I have already stated, I think that the action of the tensor tympani is passive, and the slight amount of movement produced by it is transmitted.

SELECTIONS.

Hospital of the University of Pennsylvania.

SERVICE OF PROF. LOUIS A. DUHRING, M. D.

Reported for the *Medical and Surgical Reporter*.

ERYTHEMA NODOSUM.

THE patient was a little girl, five years of age, whose legs, thighs, and arms were the seat of a number of flat nodules, from half an inch to an inch in diameter, slightly elevated above the level of the surrounding skin, having a smooth surface without scales, and a dark reddish or purplish color. There was no sensation of itching, nor of burning, but the child said that the lesions were painful. There was no eruption of any sort on other parts of the body. The affection had made its appearance about a week previously, showing itself originally upon the legs, the lesions being at first of a more vividly red color, but within a day or two becoming quite dark or livid. They came out one or two at a time, new ones appearing every day, and within a few days the thighs and also the arms became involved. At the time of her appearance in the clinic the disease appeared to be at its height. The patient's general health had not been very good, especially of late; her appetite was capricious; her bowels were constipated; she was subject to headache.

Dr. Duhring said that the history of the affection was quite characteristic. Erythema nodosum was an uncommon affection in this clinic. When cases came under observation, it was usually in the later stages of the disease. The lesions look very much like bruises; a slight circumscribed tumefaction of the skin occurs, which is first of a bright red color, but this soon grows darker, purplish, livid, and finally runs through the various shades of blue and yellow which mark the changes taking place in a bruise. This resemblance to a bruise has given rise to the name *dermatitis contusiformis*, formerly applied to the affection, a name which is now quite obsolete. It shows, however, how the appearances presented by this affection impressed those who first saw it. Many colored plates representing erythema nodosum represent the lesions as much more prominent than in the present instance; the wax models in the University Museum show protuberances nearly the size of a half walnut. The present size, the lecturer said, was more usual. This affection, Dr. Duhring continued, was in reality a phase of *erythema multiforme*, of which another variety, erythema papulatum, was that at times observed on the backs of the hands. The treatment of erythema nodosum should be as simple as possible; often no treatment is demanded. Saline drinks may at times prove beneficial. In order to allay the mother's fears, general direction and advice should be given. Rest should be enjoined. Locally, if there is pain, cold compresses or a roller bandage may be employed. The affection ordinarily runs its course in a fortnight, and gets well spontaneously. The diagnosis is important. In the present instance it was easy, but in cases where only a single lesion shows itself at a time, it is sometimes difficult to distinguish its exact character, and it might easily be confounded with threatening abscesses or with erysipelas.

URTICARIA.

A laboring man, about thirty years of age, presented himself without any distinct lesions, but showing numerous scratch marks upon different parts of his body. He had been troubled, he said, for several weeks, with "hives."

Almost every one, Dr. Duhring said, knows the lesions of articaria, for they are striking, and the disease also is common and well known among all classes. But the lesions are fugitive, and it is often difficult to get an opportunity to inspect them. The patient states he has had "hives," but at present none of the characteristic wheals of uticaria are to be seen; we see, however, scratch marks scattered over various parts of the surface. Now scratch marks and excinations are not in themselves characteristic; they may be present as the only conspicuous lesions in phtheiriasis as well as in urticaria. We must take this into consideration, for phtheiriasis may occur in all walks of life, and in a case of eruption like the one before us we must not hesitate to examine our patient for pediculi, no matter how high his social position. Here we find the clothing quite free from lice or nits. If we come back to the scratch marks again and examine these, we see that they are not so numerous as they would be if the disease were phtheiriasis. Lice multiply very rapidly, and if they had been present here for six weeks, which our patient tells us has been the duration of his disorder, the ravages which they would have committed by this time would have been much more marked in their effects. Let us now attempt to develop some wheals artificially. (Dr. Duhring here drew the edge of his finger several times across the surface of the skin, over the back, so as to produce a gridiron arrangement of lines.) This man's skin, you note, is in a very sensitive condition; you observe already there are white raised wheals beginning to form, arranged in cross lines just where my finger has been drawn. This indicates positively the nature of the disease. We have here urticaria, and the condition, whatever it may be, which has given rise to this susceptibility of the skin is still in operation.

Urticaria may be either acute or chronic, that is, it may consist of an attack lasting some hours or days, or it may recur indefinitely and last weeks, months, or years. The acute variety is most frequently brought about by the ingestion of certain kinds of food, strawberries, shell fish, etc. The chronic variety is usually dependent upon some, it may be obscure, functional disorder of the nerves, or digestive, or, in women, of the generative system. While the external treatment in urticaria is the same, whatever the variety or the cause, the internal treatment differs. On questioning our patient, we find he shows positive signs of indigestion. We shall therefore direct that he take a sufficient quantity of Rochelle salts, morning and evening, to produce several copious evacuations in the twenty-four hours. He shall be ordered four grains of quinine, to be taken three times a day. In addition, the patient's diet must be regulated. He must avoid pastry in every form; pickels, salt meat, cheese and crude vegetables, must also be eschewed. In ordering local treatment for a case like the present we should prefer lotions, as they are more apt to give quick relief to the intense burning and itching. The following is a useful formula:

℞. Acid carbolic, f. ʒ j ad iij
Glycerinæ f. ʒ ij
Aquæ ad Oj. M.

Another one, which is equally good and useful, is this:

℞. Alcoholis f. ℥ ij ad vj
Glycerinæ f. ʒ ij
Aquæ Oj. M.

Sometimes one of these lotions is the better, sometimes the other. They are both very convenient and useful. Alcohol, brandy, whisky or other liquor, pure, may also be used.

CORNU CUTANEUM.

Jane McC., seventy years of age, presented herself for the relief of a horny growth situated on the left cheek, over the malar eminence. This was about an eighth of inch in diameter, and about half an inch in length, rising abruptly from the skin and standing out at a right angle from the surface. It had first been observed about ten months previously, as a minute, hard scale upon the surface, which itched slightly, and when picked off rapidly grew again, and had increased steadily, although very slowly, in size, up to the time of the patient's presentation before the class. On the vertex of the scalp could also be observed a sebaceous cyst or wen, the size of half a walnut, quite without sensation, and of many years' duration.

Dr. Duhring called attention to the characteristic features presented by this cutaneous horn, which, though small, was quite typical in its appearance. It starts, he said, directly from the skin, without any raised base or areola. It may be freely handled without pain, and on examination we find the growth in no way different from that of an ordinary horn growing upon one of the lower animals, being hard, laminated, and grayish in color. We may meet such horns growing upon any portion of the body, especially where the sebaceous glands are active; the face, neck, shoulder, hands, and even the glans penis in the male, may be the seat of the growth. (Dr. Duhring here showed several pictures of cutaneous horns, one of which, about three inches in length, grew from the back of the hand of an elderly person.) Although firm to the touch, such small horns as this can be picked off without difficulty, leaving an excoriated or ulcerated base. The pathology of cornu cutaneum is simple: it springs from the deeper strata of the mucous layer of the epidermis, and consists in a hyperplastic growth of these cells.

Many cases of cutaneous horn have, from year to year, been reported in the journals, especially in former years. Of late they seem to be less frequently met with. As people become more enlightened they are disinclined to allow such growths to remain, and they are removed before they grow large. In this case the patient shall be directed to poultice the horn for a day or two, in order to soften and macerate it thoroughly, when it will probably come off spontaneously. But if the base be not destroyed, it will grow again, and we shall therefore direct that it—the base—be cauterized with one of the stronger caustics, say with caustic potassa. This will effectually prevent its recurrence.

In connection with this case, Dr. Duhring recalled a similar one, which had applied at the clinic about a year previously. This occurred in an Irish laborer, some fifty-six years of age. He had first noticed it about four months before, when the lesion showed itself in the form of a pin-head-sized particle, on the left side of the face, just in front of the ear. This grew slowly at first, afterward more rapidly. At the end of two months it began to harden, the surface grew horny, and when the patient came under observation he showed a well marked horn, flattened like an elongated, thickened and pointed claw or toe-nail, more than half an inch in length and one-third of an inch in breadth at its attachment. It was quite movable upon its base, which was a raised fleshy tumor, the size of a small filbert, and presenting the appearance of a sebaceous tumor. The patient was seen again two months later, when the horn was found to have nearly doubled in length, preserving the same general shape, and lying flat against the skin, though only attached by its rather narrow crescentic base. At this time the horn was quite loose, and could easily have been picked off with the fingers.

The Treatment of Dyspepsia.

ON this subject Dr. A. Leared says, in the *British Medical Journal:*

In the treatment of all forms of dyspepsia attention to diet claims a prominent place. Articles known to be slow of digestion must be avoided, and a lessened amount of food must be taken only at proper times. But, as a rule, absolute strictness in diet is more necessary in dyspepsia from defective secretion than in that from impaired motion; for, as already said, in the latter affection digestion is sluggish rather than imperfect. One dietetic rule is, however, of the greatest importance in the present case. The principal meal should be taken early in the day, before the nervous system has been exhausted either by mental or by bodily exertion. In some instances the power of digestion seems to diminish in proportion as the day advances. A distinguished literary lady consulted me, who had, by incessant brain work, fallen into a state of great suffering from gastric oppression and flatulence after meals. At my suggestion she dined early instead of late in the day. This change was beneficial, but was not effectual in affording relief. I then advised that she should eat meat at breakfast only, and that no writing should be done before the meal. This plan succeeded perfectly.

From its well-known power in causing muscular contraction, strychnia suggests itself as the remedy for impaired gastric peristalsis. It affords the most powerful means we possess of restoring the gastric functions. I may, perhaps, take some credit for having helped to make known its value. So long ago as 1860, I wrote: "Speaking from extensive experience, I know no single medicine of more value. . . . . . It acts by increasing the tone of the muscular coats of the stomach and intestines. When these coats are relaxed, gases are generated, mainly owing to retardation of the aliment in the cavities. No remedy has in my hands proved so permanently effective as strychnia against this inconvenience." (*Imperfect Digestion*, 1st ed. p. 186.) In 1864 the late Dr. Brinton, following Chomel, condemned the use of strychnia in stomach diseases as unnecessary and dangerous. (*Diseases of the Stomach*, p. 334.) But, notwithstanding the condemnation of these authorities, strychnia has held its place in these affections, because, although too often given without discrimination, it proves beneficial in many instances. The secret of its successful administration lies in the recognition of the cases. It is suited for cases characterized by the symptoms of impaired motion; namely, uneasiness, but not actual pain, after food, and flatulence. It is not suited for cases of impaired secretion, characterized by pain after food and little or no flatulency.

Some precautions are, of course, necessary, and more so because the patients are seldom under daily observation. A dose of one-twentieth of a grain should rarely be exceeded. It should never be given in pills, on account of the difficulty of exact subdivision in that form. The susceptibility of the alkaloid to precipitation by alkalies and some other substances must be kept in view. If so precipitated, the whole of the drug would, of course, be contained in the last dose in the bottle. For the rest, the pharmaceutist must be responsible. But, after having prescribed strychnia some thousand times, I never knew any harm to arise from its use.

It might be supposed that electricity would prove useful for lesions of peristalis; but after many trials of faradization and a few of the direct current, I am compelled to say that I do not regard it as a useful agent in this affection.

It is sometimes desirable to check flatulence by some agent which hinders fermentation. Formerly, I prescribed carbolic acid for this purpose; but its unpleasant taste is a great drawback. Of late, I have used thymol with, I think, better results; and the taste is far less objectionable.

Many cases are met with in which the stomach is unable to expel flatus in consequence of temporary paralysis from over-distension. Various drugs given to promote contraction of the organ—carminatives, as they are called—sometimes fail in their purpose. It is in such cases that charcoal proves useful. Charcoal possesses a remarkable power of absorbing gases; but this power, as I have elsewhere shown, is very much lessened by long keeping and by wetting. This led me to the plan of giving, in hermetically sealed gelatin capsules, charcoal prepared from vegetable ivory, which kind was proved by experiment to possess the best absorbing power. If, in cases of obstinate gastric distension, three or four such charcoal capsules be swallowed, a few cubic inches of carbonic acid gas will be speedily absorbed. Tension being now removed, the muscular coat of the stomach generally resumes its power, and flatus is freely expelled. In a few obstinate cases, however, chiefly when the stomach affection is secondary to diseases of the liver or kidneys, the muscular paralysis is so complete that, as happens in case of the over-distended *rumen* in cud-chewing animals, mechanical interference is the most effective mode of treatment. For this purpose, I have had made a small india-rubber tube (tube shown) two feet in length, having one extremity closed, and perforated like a drainage tube to the distance of four inches from the end. Such a tube can be safely and easily introduced into the stomach, and will prove effectual in relieving the distended organ.

Treatment of Cholera Infantum.

The following treatment is recommended by Dr. W. Frank Hines, of Maryland, in the *Southern Clinic:*

Nothing is of more importance in this trouble than the diet. The practice of giving farinaceous substances—cracked wheat, tapioca, farina, etc.—is surely wrong and hurtful. The digestive organs of the child are very weak, and to put anything in them which they have not been in the habit of receiving is to overtax them; milk contains all the necessary ingredients for the support of the infant; but it does not contain any starch. If possible, the child should be fed on "mother's milk." If this is not practicable, cow's milk may be made to answer. Condensed milk I have seen act in a very satisfactory manner, where there is great prostration and weakness. Beef tea, with a little brandy in it, is very beneficial; say a teaspoonful of beef tea with half a teaspoonful of brandy, every three hours.

In regard to medication, I do not think a great deal is needed, except when there are frequent discharges. They must be stopped; if not, the child will die from weakness. In this connection the following treatment has been of great service:

℞.	Bismuth. sub. nit.,		ʒ ss
	Spts. ammon. arom.,		ʒ ij
	Tinct. opii camph.,		ʒ iss
	Syrup simplic.,		
	Aquæ fon.,	āā	℥ss. M.

Sig.—Teaspoonful every 2½ hours to child 1½ to 2 years old, according to condition.

In some cases, where the diarrhea is of a very persistent character, stronger measures will have to be resorted to; these are best determined by the circumstances of the particular case. The temperature should be kept down; there is nothing better for this purpose than quinia;

but as there is generally head trouble in these cases, I do not think it advisable to use it. Cold cloths applied to the head, sponging with cold water, and ice water cloths to the abdomen, will lower and keep down temperature very satisfactorily, besides often relieving the head trouble.

The Necessity of Providing Children with Water to Drink.

Dr. Murdoch, of Pittsburg, has written a very sensible health-paper on the Causes and Prevention of Cholera Infantum. The majority of cases is to be traced to the food, and the number is greatest among bottle-fed infants —on sour milk. This cause is well known, of course, to physicians, but we doubt if even the profession is at all times wholly alive to the sanitary necessity of providing water for children to drink. Dr. Murdoch says:

"Another cause of the great mortality among children is the neglect to provide them with cold water to drink. This, especially during the hot weather of summer, is the source of more deaths of young infants than all other causes combined. The explanation is simple. The little ones during the hot weather perspire freely. This would not be the case if they were entirely naked, but, as is too often the case, they are kept sweltering under clothing or blankets. The water which they lose by perspiration causes them to be very thirsty; they require water. If no water is offered, they will drink freely of any fluid which is offered to them. The fluid which is offered is usually milk, often milk which has become sour by the extreme heat. The child is thirsty, but not hungry; but not getting the water, which it does want, it drinks the milk, which it does not want. The consequence is, the child's stomach is overloaded with food which it has not the power to digest. This food, instead of nourishing, is a source of irritation to the child's stomach and bowels, and causes vomiting, purging, cholera infantum, and death.

"Children to whom no water is offered in hot weather are like men cast away at sea with no fresh water to drink to cool their parched tongues and quench their tormenting thirst. These men will drink of the salt sea-water, and it is said that they go mad with the distressing thirst which they have thereby increased. The salt water which these poor shipwrecked men are tempted to drink is hardly more fatal to them than is the sour milk which is often the only fluid offered to the thirsty child.

"Water is the *sine qua non* in the management of children during the hot weather of summer. Even chil- at the mother's breast should often be offered water. But to children reared upon the bottle it is indispensable. It is their life. It quenches thirst, supplies the place of the water lost by perspiration, keeps up the perspiration which is necessary for maintaining the proper temperature of the body, and makes the little one comparatively comfortable. It will do all this, and will do no more; for if the child's thirst was always appeased, it would refuse food when not hungry, and would never drink milk when the milk was sour. The consequence would be that it would only take milk when the milk was sweet, and in quantities which it would be able to digest."

Effects of Long Engagements on the Health of Women.

The following very interesting and instructive extract is from Professor Goodell's Lessons in Gynecology—just published: Long engagements, by keeping up a wearing nervous erethism, are not only recognized, but even classified by alienists as one of the causes of insanity in women. Much more frequently the nervous exaltation is spent upon the reproductive organs; for there follows an awakening of sense, which is not, as in man, appeased by the distractions of business pursuits. Uterine trouble from this source any open-eyed physician will over and over again see. Now it is true that in love affairs the physician must be no meddler; match-making is certainly not his business, But as a tried and valued friend, as a brother beloved, he can speak out when others may not even hint. Or when consulted by the anxious mother about symptoms in her daughter, plainly referable to the reproductive organs, he can disclose the cause, and thus be the means of hastening on the cure.

If the caresses of lovers are prejudicial to good health, every like relation between the sexes must be exposed to like dangers. In too many rural districts and in the lower classes of citizens such license is tolerated in the social intercourse between the youth of each sex as must be destructive both to good health and to good morals. But since it is not to my present purpose to appear as a social reformer, I shall confine my remarks to the hygienic aspect of the subject. The "old folks" are shelved too soon. Young people are left too much to themselves and thrown too much together. Their social gatherings are too rarely presided over by their mothers or their seniors. As a very natural consequence, their games become coarse, their forfeits immodest, and little by little this freedom from restraints is liable finally to degenerate into such gross familiarities as would be improper between even affianced lovers. An unnatural sexual excitement is thus kept up, which must do physical harm. Of the moral harm I say nothing. In this matter I am plainly at a loss to see how a physician can interfere in any other way than by setting a good example in the order and decorum of his own household. A nimbler wit than mine may work out some better way; if so, his be the credit; I do but throw out hints.

"Public Charities and Correction."

BY SAMUEL A. RABORG, M. D.

[The following paragraphs have been taken from a paper, entitled as above, read before the N. G. Medico-Legal Society, and published in the *Sanitarian*. After the quotations from Dr. Raborg's paper, we have inserted in full the remarks of R. R. McIlvaine in reply, as they appeared in the *Sanitarian*. Dr. R.'s remarks contain much information of interest.--*Ed.*]

OUTDOOR SLEEPERS.

An immense sensation was made in London some years ago, when some philanthropist discovered that at least one hundred persons, hungry, destitute, and almost naked, slept each night in the private parks fronting the elegant mansions of the rich. Still this can be seen every night in our city by any one who will pass through Madison or other squares after eleven o'clock. And these poor, desolate wretches have no place to resort to in this great city but to the station-houses.

Some two or three years ago I went down town after midnight and with a pass from the Police Department saw the true state of these night lodgers, and it is difficult to picture the reality of their condition. In one station-house I found the men so densely packed together on the floor that they absolutely covered it—it could not be seen at all.

In another, a captain pointed me out a cell where he had allowed a poor woman and two children, who had been forced into the street by a drunken husband, to remain all night, as "he felt so sorry for her," and the cell was so much more comfortable than the lodgers' room. There is no question that a great many of these people are not deserving, that they are confirmed vagabonds, tramps and petty thieves; but all such should be arrested and placed in the workhouse and forced to make an honest living. But this is no reason why the truly poor and unfortunate should be neglected. From the Police Report of 1875, we find that there were during that year two hundred and seventeen thousand five hundred and five who sought this shelter. During the last winter some private efforts were made to supply this need; but we shall eventually have to do as they have done in London: by private philanthropic efforts erect night lodging-houses in certain districts where they are most needed, with appurtenances for cleanliness; where proper discrimination can be used; and where those who are really the children of misfortune may find a place to rest their weary bodies for a night in peace and comfort. Surely the familiarity with the station-houses brought about by the present system must have a most unfortunate influence not only on the truly deserving, but particularly on those who have only taken the first steps in the downward path of crime and dissipation.

THE POOR AND THE VICIOUS.

These pictures may seem exaggerated, but few persons in this great metropolis are aware of how intimately criminals are thrown with the poor in many of our public institutions. On Blackwell's Island, a young, innocent girl may occupy the next bed to a woman who represents the worst and most degraded class of her sex to be found in this city. Much of the menial work at Bellevue and Charity Hospitals is done by women and men committed to the workhouse for intoxication and other offenses.

Some of the nurses are or have been confined in the same institutions. And worst of all is the association of these buildings for reformatory and charitable purposes on Blackwell's Island felt by the honest poor. It is a fact well known to every physician in this city, that the majority in this class will starve on a bare crust of bread in a miserable tenement, rather than go to this much-dreaded island. When Dr. W. W. Sanger was appointed Resident Physician to the Charity Hospital, or, as it was then termed, the Penitentiary Hospital, he reported that "in the year 1854 there were 3,734 admissions. Of these, debauch and delirium tremens furnished 35 per cent. of the gross number, and 37 per cent. was due to syphilis. It will thus be observed that 72 per cent. of all cases under treatment were directly caused by the lowest and foulest kind of dissipation and vice." In a protest he made to the authorities, of this combination of the sick with criminals, we find the following: "Is it necessary, or must it be, that human beings laboring under the effects of drink, syphilis, ulcers and all forms of disease, while being medically treated, shall undergo a process of being made into thieves, to prey on the community when discharged?"

We all know that when a person is poor, friendless and an outcast, he must at times have feelings of antagonism against his more fortunate fellow-beings. When in this condition, desperate, despairing, and apparently God-forsaken, can anything be more pernicious than to place him in contact with and under the influence of criminals—those who are corrupt in nature, vicious in propensities, and deliberately defiant of all laws of God and man? Every instinct of humanity, every throb of the great heart of charity, every impulse of the noble men and women who devote themselves to the amelioration of the misfortunes of their fellow-beings, must be averse to this connection; the principle is wrong, and but begets criminals.

The true political economy, here, would surely be to elevate these people by showing them that there is nothing degrading in being unfortunate and poor; to stimulate them with a noble desire to work and do for themselves; to surround them with elevating and refining influences—in other words, to make them *producers instead of consumers.*

WHAT SHOULD BE THE POLICY OF A GREAT CITY TOWARD ITS POOR?

This is a question that has been agitated by the greatest humanitarians, philanthropists and politicians for centuries past in Europe. Let us then first glance at the systems now in vogue in the two most noted capitals in the world to-day, for humanity, civilization and culture—viz: London and Paris.

In the former city, London, for six centuries, different charitable institutions have from time to time been endowed by opulent citizens, under the English law of bequests.

There endowments are considered so sacred, that no person can disturb or alter them. Some of them have grown to enormous proportions, by the advance of real estate and the gradual accumulation of interest. As a rule, they have been placed under the control of Governors or Trustees of such character as the donor dictated in his bequest. London, at the accession of James the First, was said to contain little more than 150,000 inhabitants.

Before the Restoration of Charles II., in 1660, says Sir William Petty, "the people of Paris were more than those of London and Dublin put together; whereas now (1687) the people of London are more than those of Paris and Rome." In 1782 there were about 670,000 souls in London; in 1801, 864,845; and in 1841, 1,870,727. In 1843, according to the work by Charles Knight on London, there was at that period an annual income of £310,000 a year in London alone, from the bequests left by generous donors for tth various city charities, and, "altogether, there is a total of upward of £384,000 of the annual income arising from property in the Metropolitan County, which is devoted to purposes of charity and education." "When Lawrence Sheriff, grocer and citizen of London, left the third part of a field of twenty-four acres in the parish of Holborn, for the endowment of a grammar school at Rugby, it produced only £8 a year. This field was called the 'conduit close,' and was nearly half a mile from a house. It is now covered with buildings, and the rental exceeds £10,000 a year." The almshouses in England are intended as asylums for the aged and infirm. Mr. Knight says: "The almshouses in London are probably not far short of one hundred and fifty." These are chiefly maintained by endowments left in trust to the city companies. It must be remembered, however, in speaking of so large a number of these institutions, that they, as a rule, contain accommodations for very few persons, and were founded by trades or guilds for the use of their own brethren. The Drapers' Almshouses are among the earliest foundations of this kind, started in 1522.

In 1593 the merchant tailors erected seven almshouses for fourteen poor widows on Tower Hill. The result of the promiscuous character of so many charitable societies in London is, however, keenly felt. A story is told of a widow who availed herself, by intrigue, of placing an entire family of children in the different orphan asylums, when she was more than amply able to provide for them herself. These are the London Orphan Asylum, the Female Orphan, the British Orphan, the Infant Orphan, the Orphan Working, the Sailors' Female Orphan, the Merchants' Sailors' Orphan, the Incorporated Clergy Orphan, and the Army Medical Officers' Orphan. There are five Royal Hospitals, commonly known as such, and designated, "'The Royal Hospitals of the City of London,' under the pious care of the Right Honorable the Lord Mayer, Aldermen, and Governors thereof." They are—St. Bartholomew's, Christ's Hospital, St. Thomas', Bridewell and Bethlehem. There are twelve general medical hospitals in London, including the above; the most of them have been endowed by rich and charitable persons. The total income of St. Bartholomew's Hospital, in 1850, was £32,000, while in 1544 it was dependent upon an income of only £371.* One of the most remarkable instances of generosity known to the world, was the establishment of Guy's Hospital, Southwark. It was founded in 1724 for sick and diseased poor persons; its accommodation is 580 beds. Some 50,000 persons receive here annually medical relief.

The Lunatic House is a department peculiar to this hospital. The usual number of patients is from twenty to thirty, as provided for by the founder. They have spacious grounds for their use behind the hospital. This establishment was founded at the sole cost and charges of Thomas Guy, Esq., a rich bookseller of Lombard Street, who spent upward of £18,000 on the buildings during his life-time, and endowed it with the sum of £210,429—the largest sum that has ever been left by an individual to charitable purposes. In 1829 Mr. Hurst, a gentleman residing at Petersham, left £200,000 to the same hospital, stipulating for a provision of additional accommodation for 100 patients. Mr. Low, in speaking of the London charities, says: "It only remains for us to premise, that institutions of a minor character, but kindred in design to the foregoing, are constantly making their appearance before the public, under slight variations of title and claims to support; proving often, however, to be attempts only of individuals either for the development of peculiar systems of treatment, or for the extension of fame and practice." According to the same author, in 1850 the population of London was 2,200,000 and from them the twelve general medical hospitals had an income derived from voluntary contributions of £31,265, and an income from funded property or otherwise secured of £111,641. There were fifty medical charities for special purposes, with voluntary contributions of £27,974, and from funded property, £68,690. There were thirty-five general dispensaries, with voluntary contributions of £11,470, and from funded property, £2,954.

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* "Charities of London." Sampson Low & Co.

The entire amount devoted to charity that year in London was, by voluntary contributions, £1,022,864, and from funded property, £741,869. This, of course, includes asylums for ophans, houses for the aged, school societies, Bible and missionary societies, etc. On the 31st of March, 1840, the House of Commons ordered a digest prepared of all the charities of the United Kingdom; this was published in parts by John W. Parker, of West Street, in 1843. In the report of the Commissioners who performed this labor we find: "In preparing this (third) part of the return, it has been presumed that the object of the order was to obtain a summary of those charities which are, or may be liable to be, distributed indiscriminately among the poor (the evil tendency of charities of this description having been frequently the topic of observation)." With this array of institutes, I desire to say a word about the prisons of London. They show the same miscellaneous character as the charities, and, from the same system of bequests, are so differently governed with regard to severity of discipline, that it is said it is difficult for the judges on circuit in England to know for how long a period to condemn a criminal to prison, as two weeks in one is frequently greater punishment than two months in another. For instance: Coldbath Fields' Prison or House of Correction, in the Parish of St. James, Clerkenwell, between the Church and Gray's Inn Road, is under the jurisdiction of fourteen magistrates, appointed at each quarter sessions, of whom four go out quarterly by rotation. It is for criminals from all parts of the County of Middlesex. The number confined here is in the neighborhood of 12,000 annually. The discipline enforced is that called the "silent system," the prisoners working in bodies, and silence being preserved by great vigilance on the part of the officials. The convict is not allowed to receive a letter during the first six months of his incarceration, and after that only one letter a month. Some of the prisons in London, to the contrary, are very lax, allowing card-playing, idleness and beer-drinking. Some are under the charge of one or more Governors, and others directly controlled by the Lord Mayor and Aldermen. This depends greatly upon the character of the support of the institution; as, for instance, Bridewell, within the city of London, is under the jurisdiction of the Governor of Bridewell and Bethlehem Hospitals, and is supported out of the funds of these hospitals.

The nursing in the English hospitals is peculiar. Some few are in charge of religious orders, but the majority are cared for by hired help. An innovation of late years is to make a character of sisterhood in each establishment. When a woman first applies for the position of nurse, if she is of proper character and brings good references, she is made an assistant; this position she occupies with a stated salary for two years. At the expiration of that time, if she has served satisfactorily, she is made a full sister, with increased compensation, and two assistant nurses are placed under her control.

In transferring our attention to Paris, we find a very different condition in the public institutions.

In Knight's "Pictorial London," it is stated that in 1840 one-third of the deaths in Paris occurred in the hospitals (or 9,338 out of 28,294); but in London, the same year, the proportion was only one in nineteen (or 2,358 out of 46,281). Knight says: "The domestic feeling or prejudice, if we like to call it so, of the English people, is generally adverse to that public association which is inevitable in a hospital; but in reality there is a great deal in the fact that although the London hospitals are so numerous, their capacity is very limited, and on every 'taking-in day,' a large number of persons are unable to obtain admission."

The truth really is, that the hospitals of Paris are differently conducted. In the early days of that city, private parties endowed some institutions of the same character of those found in London, but the monster, Revolution, has so many times swept over the face of that most beautiful and attractive city of the world, and at such times entirely disregarding law and the rights of property, that we find to-day a very wise concentration and arrangement of the institutions of charity; probably not akin with the intention of the original donors, but much more beneficial for the recipients of their bounty. By a decree of the French Convention, passed July 16th, 1793, part of the patients of the hospitals of Paris were transferred to convents, or other structures which had become national property. By subsequent decrees, the superintendence of hospitals was vested in sixteen members of the National Assembly. By a decree of January 10th, 1849, everything relating to public assistance has been placed under a special administration called *Administration Generale de l' Assistance a Paris.* It is under the control of the Minister of the Interior, and is managed by a Director and a *Conseil de Surveillance* of twenty members, presided over by the *Prefects of the Seine and of Police.* There are in France 1,333 hospitals, the revenues of which amount to 53,662,992 francs. For the year ending December 31st, 1854, in the general and special hospitals, there were admitted 68,863 medical and 25,952 surgical cases. There were 10,479 deaths in the medical wards, and 1,312 in the surgical wards. In 1854 the net receipts were 14,894,220 francs; expenditures, 16,047,037 francs; deficiency, 1,152,817 francs. Paris' annual contribution for that year was 267,397 francs.

It will be a surprise to many, to hear that so large a proportion of the deaths of Paris as one-third occur in the public hospitals, while in London only one of every nineteen takes place in these institutions. Two causes, however, account for this. In the first place, the people of these two capitals are very different in their tastes and inclinations as regards home life. The Parisians live largely in the streets; they are fond of congregating together, and of fun and pleasure.

The Londoners, on the contrary, care more for their own hearthstone. No matter how poor the artisan or mechanic, he tries to have a roof of his own. The difference in climate no doubt has much to do with these peculiarities of the two races; but more than this is the great difference in which these institutions are regarded in the two cities, and the vast dissimilarity in their management. The Parisian loves the hospital, be he rich or poor. If of the former, he gives freely of his means toward its support; if of the latter, he looks forward to it as a safe refuge when his days are to end by disease and suffering, when his every want will be ministered unto by the gentle hand of the patient sister of charity, and where his soul can leave its earthly tenement in peace with God and man. The Londoner, on the contrary, regards these institutions as a *dernier ressort* for the outcasts and unfortunates of society, and gives to them as a matter of necessity or duty.

In this connection it is well to say a word in approbation of the noble self-abnegation, the untiring devotion, the patience and gentle kindness of the noble women who band themselves under church organizations to devote their lives as nurses in these institutions.

Every one who has had any experience on this subject knows the infinite superiority of these ladies over hired nurses; and this is natural, as the first do their work without compensation, and for love of the Great Master, while the others are simply stimulated by the miserable stipend they receive monthly for their labor. In this country, so far, the sisterhoods under the Catholic Church have done noble work; at St. Luke's Hospital an Episcopal sisterhood has proven most effective; and the recent action of Mayor Wickham and others, in establishing the school for training nurses, can not be spoken of with too much commendation, as they have rendered a great service to the city and to humanity.

I have detailed the statistics of London and Paris to see what information we can gain from them, for the guidance of our future toward these unfortunate classes.

We are young as a city compared to either, and still our growth is apparently to be as rapid, and probably, from present indications, as gigantic, as either. From the points I have given you, it will be seen that in London in 1850, with a population of 2,200,000 souls, £1,764,733, or about $8,541,407.72, were spent for the support of all these classes; while by the Report of the Board of United Charities for 1877, we, with a population of something over one million, spent $5,588,000 for these same classes, and in this report the expenses of several institutions are not given, so that we might estimate that at least six millions of dollars were spent in this city last year for those purposes. This, then, is already very much in excess of the expenditures in proportion to London.

THAT THE CRIMINAL SHOULD BE SEPARATED FROM THE SIMPLY POOR, Or, rather, that the prisoner young in crime should be separated from the confirmed criminal, is too patent a fact to require reiteration. I have, in one of my reports, alluded to the fact that both classes are kept in these institutions without employment, because it is impossible to employ them as they should be employed. They are merely kept there, so to speak, in order that they may not run away. The workhouse contains from 1,600 to 2,000 inmates, on an average, and it is very natural to consider that they can not all be occupied under one roof; first, because, when I was there, I found three classes of persons—the unfortunate lunatic, who has no business there, the criminal, and the poor. When we designate this classic institution by the term "workhouse," we make a grave mistake; those who resort thereto come nearer the truth—they call it by its proper term, the "house of rest:" and it is only to satisfy the people at large that the term "workhouse" is employed at all.

Out of these 1,600 or 1,800 paupers, 150 are detailed to do work among other institutions. I know of forty-six being sent to the inebriate asylum. The others are distributed to various other institutions. Instead of these persons earning their living, they are a double expense. These workhouse inmates are recruited from those who are arrested for minor offenses, and committed by police magistrates within forty-eight hours after their arrest. The old regulation, I believe, used to be within twenty-four hours, but it has been changed in recent years. When they arrive at the Island, they are presented with a new suit of clothes, their old ones being destroyed; otherwise, the number of inmates would increase, instead of decrease, to a very rapid degree; and in about ten to thirty days the unfortunate is relieved from "duress vile," and allowed to retire again into private life. Now the time of confinement is too brief, in my opinion, in comparison to the expense incurred by the city. But there are many things scarcely to be believed to exist in our civilized age, and much, very much, could be done in the way of healthful reform, provided the management were not hampered by political patronage. As the gentleman has stated, there may be very many worthy citizens who might be induced to accept the position of commissioner without pay, but I think that at the end of about thirty days they would ask to be relieved. In some instances the plan of making a division of charities from corrections might work well, while in many instances it might not. If commissioners were clothed with proper discretionary powers to extend charity to the worthy, it might be the means of saving many a person who had but just entered into crime.

I could relate several instances where, if the two classes had been separated, many would ultimately have been reclaimed from their evil ways, and would not be likely to desire to enter again into such a life. I could name one party in particular which I happen to recall, to whom I had the pleasure of extending the kind of discretion spoken of during the course of my official life, who, had she been sent by the Commissioners of Charities and Corrections to associate with the vile, would certainly have been irretrievably ruined. She was a young girl who had been brought in with other females arrested by the police for the crime of "soliciting" customers; she was apparently about seventeen years of age, very beautiful in figure and face.

FOREIGN HOSPITALS.

Dr. R. R. McIlvaine remarked: It is true that with us there is a greater opportunity for a display of interference politically than there is elsewhere; but if our civil politics interferes with our system of charities here, religious politics in England certainly interferes in that country.

The first English hospital founded, as far as I know, was the St. Bartholomew. That was in the twelfth century, in the year 1123, at the instance of Rayhere, the minstrel of Henry I. After the Reformation, when Henry VIII. became successor to the Pope, on the 3d November, 1534, at the instance of the Mayor of London, there was more provision made for the poor and unfortunate than had been formerly.

Guy's Hospital is an important institution, which was the result of private enterprise by that excellent man who founded it at his own expense.

That hospital, however, is essentially under the control of church influences, as they all are, which is more baneful, as a matter of course—as much so as our political influences. Dr. Hodgkins was excluded from that institution simply because he wore the simple garb of George Fox—he was a Quaker; and in the St. Thomas Hospital at the cry of the Church of Rome deprived a good man of his election.

These influences could not probably interfere across the channel to the same extent as they did in England. In Paris the Hotel Dieu bears date 653, and was found, as the act of incorporation reads, "For all nations and all religions." Why was it founded "for all nations and all religions?" Simply from the fact that in that day the nations surrounding were worshipers and adherents of their own religion, the Saxons not being converted to the Christian religion until some time before Charlemagne died, January 28th, 814.

Our friend speaks of the French people as being a pleasure-loving people, and that they live out-of-doors. Whether they are a pleasure-loving people or not, their city is the world's city, and they are always found engaged in some productive pursuit—they are people of industry, as their recent history demonstrates. They have made more provision for the poor and unfortunate than any other people with whose records we are familiar.

As to their climate, the mean temperature of Paris is 51.8°, while that of London is 50.36°; of course that shows some difference. But when the doctor states that they reside for the most part out-of-doors, he shows that he is not personally familiar with their manner of living. It is a city of strangers, who go there for the sole purpose of not only finding pleasure or the means of pleasure, but for instruction. There are halls of science, there are hospitals, there are facilities for improvement in Paris, which can be found nowhere else. Hence the stranger, or those who are superficial observers, who are themselves on the go, searching themselves for pleasure, assume that these French people are doing likewise, while the French people are in reality engaged in scientific research and literary pursuits (that is, part of them), while those who are producing wealth are engaged incessantly in that department of industry.

Their hospitals are conducted on such a plan, that all persons are admitted without question. Should any of us, Mr. President, be so unfortunate as to be taken sick in Paris without means, and we are able to go to the hospital, the question will be asked, *Voulez-vous entrer?* You are not interrogated, By what authority? but you are asked in, and after you are there, your name is taken and your antecedents inquired into. What a contrast with what I heard a gentleman—a professor—state as his experience one day at St. Bartholomew. A patient presented himself for treatment. The professor in attendance asked him where he came from. He told him the county. Thereupon said the professor, "Why didn't you stay there; why do you come here?"

Another thing is to be taken into consideration with us, and that is as to the position of the doctors. The doctors are degraded by serving under such men as control our benevolent institutions in this city. These institutions, known as dispensaries, are under the control, as I understand, of gentlemen who are not physicians. Hence they are not proper judges of the qualifications of persons who are to occupy professional places in connection therewith; but, as I understand, the appointments are effected through influence, the same as at Guy's Hospital. Religion controls. Hence the young men who are struggling into professional existence are received without compensation. But whether they acquire honor for the future or a competence from these means is still an open question.

Now let us contrast these things with the French method. In France, 2,167 physicians and surgeons receive, for attendance upon the poor, the sum of 817,497 francs. That fact at once places the physician in a condition where his services are recognized. It is true, should they not be found adequate to the discharge of the duties to which they have been assigned, they can be discharged; but you will notice in this that there is a recognition of these gentlemen by compensation, and though it may be considered small, yet there is a principle connected with it which we in this country have not yet adopted.

The paper takes note of a large number of persons in France who die in public institutions—in hospitals. If we contrast this with the hospitals of London, we find that in 1856 there were 56,786 who died in that city. Nearly one person out of every five who died in that year closed his days under a roof provided by public law or private charity; and for these facts, I give as my authority the report of Dr. William Farr, dated January 20, 1857, and these figures speak for themselves; and it is a subject on which it gives me great pleasure to dwell, because I am fortified with facts and data.

It is evident that our distinguished colleague (the author of the paper) has not been personally familiar with the working of these institutions either on the continent or in the neighboring island.

It was remarked by Mr. Rue, in his visit to England in 1816, that a great defect then was the want of a centralization of the charities. In France the whole system is under one superintendence, and it has been found to be an admirable improvement. The ameliorations in favor of the poor and unfortunate in France are the outgrowth in a great measure of that great development resulting from the old great Revolution in 1789. That must be considered the starting point for the ameliorations in the hospitals, for in the days of Louis XVI., the Hotel Dieu, according to references made when Franklin was there, shows great defects in provisions for the poor. But with the inauguration of the Republique, which produced so many great men, the condition of these institutions was ameliorated; and though it may be said that they had their defects, yet these defects were secondary, compared with the glorious results it produced.

Dr. Raborg said he appreciated the weight of Mr. Sterne's remarks. The authority of his statements can not be surpassed in this city, because, he presumed, very few men in this city have given the attention to matters of charity which he has, an attention to matters of philanthropy which has not been bound by political conditions of any kind; but he must say, and say it squarely and strongly, that Mr. Sterne, in his opinion, is wrong. This same theory, this same plea, which he urges with regard to the

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Who appear not one day, but every day, in every police court in the city of New York, and will continue to appear, not always from some in village Massachusetts, but from every State and every hamlet, and who gravitate to the large cities of the country for the purpose of losing themselves in the general crowd; and the police magistrate can as well show a little leniency and executive clemency as that shown by his most respected friend—he was going to say, but he did not have the honor of his acquaintance.

Mr. Sterne: It is not necessary that the connection of charities and corrections should be made. It is wrong in every sense. It degrades the poor, and it makes criminals out of those who are already weak.

Dr. McIlvaine: I understand, from the remarks of Mr. Sterne, that the trouble does exist to which Dr. Raborg has alluded—namely, that there is a commingling of the criminal classes with those less depraved on the Island, and more especially and to a great extent at Bellevue Hospital. I would like to ask Mr. Sterne whether he sees any special difficulty in separating them?

Mr. Sterne: I would beg to reply to Dr. McIlvaine very briefly.

The commingling arises from the cause which I have stated. We have from 1,600 to 2,000 persons committed to the workhouse. They are not the same class of persons as those sent to the penitentiary, who are committed there for thieving and robbery. They may at times have committed a great many small offenses. About one-half of them are transferred to other institutions, for purposes of performing necessary duties, such as those in Charity Hospital, the almshouse, the lunatic asylum, the nursery and child's Hospital on Randall's Island, for the reasons which I have given, that it is impossible to house them in the workhouse proper; and that is the way in which much of the commingling is effected, not only with the poor in the almshouse, but with the sick in the Charity Hospital and other institutions.

When you asked whether it can be remedied, I have said that it can by the enactment of proper laws whereby proper employment may be given them. But the law is deficient, and you can not contract their labor so as to make it productive. What they now produce they consume. Some are employed in the tailor shop making clothes, others in the shoe shop—but they produce nothing which yields a revenue to pay for the expenses of their support, and for this reason, as I have stated before, they are distributed to the various institutions. The influence exerted by them naturally is bad. But with a proper administration of a proper law, much of this can be remedied. They should be put to some employment where they can earn sufficient to pay for the expense of keeping them. Even in the almshouse they could be put to some useful and profitable employment which will not interfere with honest labor in other States. For many of the shoes that are worn, sold in the city, we get from Massachusetts; and yet their own convicts there are employed. The best institution in this country is the Troy workhouse. It not only pays, but I believe it has made $101,000 over expenses in one year. Mr. Pillsbury, in Albany, makes the penitentiary pay at the rate of $25,000 over the expenses of the convicts. And affairs there are so well managed that it does not look like a prison. There is a system there. But he is free from political influence. He has no assistant there who is not competent to do his duty.

Concerning Malignant Growths.

We gave last week the outlines of a paper in which the extreme views of an ardent believer in the microscope were set forth, where bias was so marked as to show plainly the advocate and not the judge. It is rare indeed to find the clinician and microscopist so happily mixed as to make his joint work peculiarly valuable. Paget is such an one, Bilroth is such an one; and of course they come here and there, when they make no startling revelations beyond the fact that all we know is that there is much yet to be known concerning the exact detection of disease. Outside of this conservative class there are two extremes: one which relies upon what it is pleased to consider clinical facts alone; and the other to whom, if clinical facts and practical ends ever present themselves, they are made to conform to the revelations of the lens. And so it was that we were delighted, in turning over the pages of the last published "Transactions of the American Medical Association," to come across the paper of a man in whom the clinical and microscopical elements were so happily blended that you might look on his work and say here was a paper indeed. It is by Professor Theodore McGraw, the excellent surgeon of Detroit, and it is upon the Diagnosis and Treatment of Malignant Growths. We propose to follow it pretty closely, for it has a healthy expression upon an all-important subject and teaches a good lesson outside.

Professor McGraw commences by saying how the old idea of the constitutional origin of malignant growths has been supplanted with most pathologists by the doctrine of the local origin of tumors; how this has led to more thoroughness in the execution of old methods; how, after all, ill success is still the rule, and that cancers will come back in spite of us; and he proceeds then to examine into the discrepancy which exists between the results of our practice and what we ought theoretically to obtain. It all lies in the fact that we are unable to determine the character of the growth in its early formation, before it has "become malignant by some kind of rapid cellular propagation," upon which history the modern theory of the local origin of malignant growths is based. In vain is the microscope of to-day in this pre-malignant field. If it could tell there what was going to happen—as the gentleman we quoted last week declared it could do in the only less malignant field of consumption—then might our triumphs be numbered by scores; but to say that a growth is malignant only when it has poisoned the springs of life, simply gives us the chance "to lead a forlorn hope against a successful foe." Clinically and microscopically, the early days of malignant growths are dark indeed. Says Dr. McGraw:

"The early history of cancer is involved in great confusion of opinion, and we are not even in unison as regards its definition, nor have the various theories been as yet very fruitful, as far as diagnosis is concerned, in practical results. The attempt of Lücke to utilize the germ theory of Thiersch and Waldeyer for this purpose can not be credited with those rich fruits to which he has laid claim. Aside from the prominence which he has given to the frequent occurrence of certain tumors in definite regions of the body, he has added nothing to our means of diagnosis. His determination of the nature of a tumor as regards malignancy is based upon precisely the same clinical phenomena which have for years been the common property of the profession. *At present we have to say of all malignant growths that we do not as yet possess any means of positively diagnosticating them in their early and curable stage. Indeed with certain forms the difficulty continues into their more mature life, and even the microscope will not always suffice to determine the doubt.*'

And then he quotes Virchow to show that while in the latter stage "the clinical and microscopical diagnosis will usually concur," it is not always so, as in the difficulty of distinguishing the benign indurations of some of the fibroids of the breast from carcinoma, and then he discusses the old cancer-juice which has pretty well leaked out of existence, and comes at length to tell us that

"'Thiersch has abandoned altogether the attempt to diagnosticate cancer by its histological characteristics, and insists upon the clinical event as the chief index of its nature,' but still leaving for that instrument to tell us 'with what growths the clinical course which we ascribe to cancer most commonly occurs.'"

We must leave Dr. McGraw here in this part of his paper, and not follow him in his discussion of the growths which alter their malignancy with their site, as we have had mazes enough, and come at once to his treatment. It is as logical as it is bloody. It takes no chances. It recognizes for once that with our present knowledge doubts will only be lifted by danger, and he "*insists upon it as a cardinal rule of surgery* that every tumor or induration which is not beyond all doubt of benign character should be promptly and completely destroyed." If it prove a benign growth, we have only, as a general rule, anticipated the day for an operation; if it be simply a chronic inflammatory swelling, such a one is not without its dangers; if it is going to be a cancer, we have saved a life.

But this is only one of the milder methods of attack, which none but the most abject temporizers might not sometimes follow. His thoroughness in later operations may not find so many imitators. In multiple primary tumors, occurring, for instance, in both mammæ, where "excision has been absolutely forbidden on the ground that this multiplicity was proof positive of constitutional infection," in the light of our present pathology may be regarded as examples of the "cancerous tendency" being "inherent only in the mammary glandular cells," and he advises prompt and simultaneous extirpation of both mammary glands.*

Dr. McGraw does not believe it is ever safe to leave skin enough to cover a cancerous wound. He would not trust to his fingers feeling through the skin to determine enlarged lymphatic glands, but would uncover them with his knife and explore. He would, in case the diseased axillary glands are matted with the blood-vessels, so as to prevent their extirpation, *amputate the arm at the shoulder with the breast*—in picked cases! Indeed, in a case of cancer in the thigh he amputated at the hip, and in later engagements with the recurrent disease cut away the flaps, tied the external iliac, and gouged away the acetabulum, and succeeded at length in getting his patient out on his leg.

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*A curious case in point has occurred in Louisville. Both mammary glands in a woman of forty-five, much enlarged and indurated by cancer, were excised by Dr. Cummins in 1875. They were again exercised for recurrent growths by Dr. Cowling in 1876. Again for similar reason by Dr. Roberts in 1877 and 1878. The growths have not reappeared in site, and the patient is still alive, though apparently affected with carcinoma in the bladder. After each operation there were several months of comfort, and the woman eagerly insisted upon the excisions.

These doctrines of Dr. McGraw are logical, we say; but the thought will force itself, is even human life worth so much?

And now we must stop. We had, in fact, only one object in view when we started out--to tell the present state of diagnosis in malignant disease as set forth by an able clinician and competent histologist. It is disheartening, to be sure, in one aspect; but it tells at least of one glorious field which may yet be won. It makes us the more satisfied with our surroundings. Here in Louisville clinical evidence, bad as it is in malignant disease, when evidence of its nature is most wanted, has so far outrun the evidence of the microscope that we began to doubt the efficacy of our experts, albeit they did not doubt themselves, wrote beautifully and etched confidently. We freely now forgive them the past and wish them a more determinate future. Meanwhile we turn not ourselves away from symptoms.--*Louisville Med. News.*

Water-Closet Conveniences.

BY B. K. JOHNSON, M. D.

It may be looked upon as one of the most peculiar marks of refined civilization, when people and families carefully prepare for themselves such comforts as are noticed in the title of this article. In most instances, the common misery and indecency that prevail in country places and homes can be avoided. It is only a question of will or inclination to make suitable provision for modest retirement. The expense need not be great; no parlor decorations are required; but a room, large, light, and with a window and a door that will close and keep out rain, snow, and rough winds, with deodorants to remove foul smells, is what is mainly required to satisfy the demands of necessity. If it can be assigned a room within doors, as it usually can, so much the better; but it may always be made, at least, an outside appendage to the dwelling, near to the back door, or a convenient private spot that will avoid exposure to weather and observation. This need not be a nuisance about the house. It ought to be a luxury. It is worth far more than fine furniture in the parlor, and costs less.

There can be little question that the prevailing female complaints are often induced, and always intensified, by disorders of the digestive organs, and the oppression in the lower regions that neglect in this matter causes. Admitting the justness of this view, let us see what chance a woman living in the country has to escape the direst evils that delicate health has in store for its victims. The privy stands perhaps at the bottom of the garden, fifty yards from the house, approached by a walk bordered by long grass, which is always wet except during the sunny part of the day, overhung by shrubbery and vines, which are often dripping with wet, and exposed frequently to the public gaze. In winter, snow-drifts block the way; and during rain, there is no shelter from any side. The out-house itself is fearfully cold, if not drifted half full of snow or flooded with rain.

A woman who is comfortably housed during stormy weather will, if it is possible, postpone for days together the dreadful necessity for exposure that such circumstances require. If the walk is exposed to a neighboring work-shop window, the visit will probably be put off until dusk. In either case, no amount of reasoning will convince a woman that it is her duty, for the sake of preventing troubles of which she is yet ignorant, to expose herself to the danger, the discomfort, and the annoyance, that irregularity under such circumstances implies.

I pass now over the barbarous foulness and the stifling odor of the privy-vault. It is only as an unavoidable evil that these have been tolerated; but I can not too strongly urge attention to the point taken above, and insist on the fact that every consideration of humanity, and of the welfare, not only of our own families, but of the whole community, demands a speedy reform of this abuse.

In view of the foregoing facts, I make no apology for calling attention to this important matter, believing that all will concede that, however much of elegance and comfort may surround them in the appointments of their homes the mode of life of women is neither decent, civilized, nor safe, unless they are provided with the conveniences that the water-closet and earth-closet alone make possible.

To the above nothing need be added, unless it be to say that the most perfect closets in this country still lack one great element of safety and comfort that is provided in most households, even of the poorer classes. A simple ring of some non-conducting substance, a plaited straw for instance, might hang above the seat. It may be used and again suspended, thus being kept dry, well-ventilated and clean. Its material may also be of carpeting, of flannel, etc., as may be preferred, the only requisite being that it prevent the chill of the cold and often damp wood, which has in many instances occasioned to feeble, and even to robust persons, the commencement of an illness that has resulted in death.—*Medical Summary.*

Salicilic Acid, Salicin, and Home-Made Electricity for Rheumatism—"New Discoveries."

BY G. Q. SMITH, M. D., CLOVERDALE, CAL.

It is a curious fact, and one often ignored, even by learned men, that many ideas of greater or less value, that have long been familiar to folk-lore, remain unknown to, or at least unappreciated by the scientific world, until some more or less distinguished *savant* evolves them from the profound depths of his vast erudition and stamps them with his own trade-mark and labels them "*new* discoveries." Now we do not wish to depreciate the labors of such *savans*, for such "discoveries" are often of inestimable value to the world, and may indispensably require a trade-mark from high acknowledged authority to bring them into respectable notice and insure them general adoption. But to our text. As much has been said and written recently about salicilic acid, salicin and electricity, in the treatment of rheumatism, I have thought the following gleanings and recollections might be of some interest.

The circumstances of my childhood made me familiar with much of the popular medicine, as it existed twenty or thirty years ago in the western part of middle Tennessee, along the lower Tennessee River My paternal grandmother being a noted medicine-woman among the common people there in those days, often took me with her when she went forth gathering "roots and herbs," thus teaching me many valuable lessons in the healing art, that still linger among the pleasant memories of "auld lang syne."

Numerous well-filled reticules that hung around our ancient relative's cabin attested her Esculapian erudition, and the more or less frequent calls of her neighbor women —they didn't have any "ladies" in those days—showed the high esteem in which her knowledge and services were held. But pardon this digression.

From time immemorial, among these people, the bark and twigs of the water-willow, one of the numerous species of the genus *salix* that abounds along the banks of the Tennessee River and its tributaries, have been used as a remedy for rheumatism, intermittent fever and diarrhea. For the former disease, it is used internally in the form of a strong decoction, and externally in the form of a hot poultice to the painful parts. Many old boatmen and fishermen prefer the willow tea to quinine, believing the effects of the former to be better and more lasting, with less disagreeable sequelæ from its use; and I would add, there is some real foundation for the aforesaid belief. A tea made from the water-willow bark is one of the old and trusted remedies for diarrhea among these people. Please note that this is another recent "discovery," if one were to believe much said about it in periodical medical literature during the present years, viz: the use of salicin as a remedy for diarrhea.

Recently I noticed that a distinguished medical *savant* recommended the use of hot iron wrapped in cloths wet with vinegar, as a topical application for the relief of pain in rheumatism, giving his opinion of the *rationale* of the remedy, that heat caused the iron to become magnetic, and its contact with the acid caused the generation of galvanic electricity, the well-known action of which is to relieve spasm and pain. Now, a practical knowledge of this remedy and the same mode of using it were familiar household ideas among the common people referred to long before said "discovering" *savant* was born.

But, indeed, it really seems that the *commonplace* character of this and many other valuable ideas was a bar to a recognition of their intrinsic value and usefulness. This is an attractive subject, and one the investigation of which richly rewards the student at every step with the discovery of curious, interesting and valuable information. But I forbear further comment for the present.

Regulation of Prostitution by Law.

THERE appears to be a particular aversion among the American people to any form of legislation which licenses prostitution, whether avowedly directed against prostitution or the diseases propagated by that vice. Some years ago the experiment was tried in St. Louis, by the enactment of a local law similar to the "Contagious Acts" of England, by which houses of prostitution were licensed and placed under surveillance. According to the friends of the measure, the result was highly beneficial both physically and morally. And yet the opposition to it secured its repeal. Recently a modification of that plan was proposed and submitted to a popular vote. But the citizens, fearful of some sinister result or suspicious of its design, voted it down by a large majority. Perhaps the most prominent idea in opposition to such legislation is that all laws of the kind bear exclusively on woman, making her the object of personal examination and of restraint and punishment, whilst men may communicate infection with entire impunity. In other words, such laws protect men from women, and punish women, not for communicating disease, but because they have been made the victims of disease. The advocates of such legislation point to the results. This, in fact, is their only argument. To diminish or prevent syphilis is so desirable an object that it overshadows all scruples about the means used for accomplishing it. On the other hand the opponents of this species of legislation look only to the principle on which it is founded, and argue that no permanent good can follow from laws which violate moral principles and invade human rights. In other words, they do not believe that the end justifies the means. Both parties to the controversy are earnest and often intolerant, especially the law party, which deals largely in abuse, denouncing its antagonists as fanatics, pseudo-philanthropists, hypocrites, and all that.

It is worthy of note that whilst the law advocates urge the protection and benefit of the female sex as one result of their system, women are almost a unit against them. Both in England and America women distinguished for their moral and intellectual worth, have taken a leading part in the opposition. It has been asserted that females who become subject to the operation of law are in favor of it. This may be true; but it is certainly true that respectable women take the opposite side. This may explain, in part at least, the want of success attending the attempt to transplant the European system to the United States. Women have more influence on public opinion in this country than any other, and next to this country, in England. And about in proportion to the deference and respect paid to woman and the influence exercised by her on society at large, is the hostility exhibited against all laws which give license to prostitution, directly or indirectly.

Since writing the above, we have noticed in the *Medical Press and Circular* a striking proof of our statement in regard to the intolerance exhibited in this controversy. The subject being under discussion in the Surgical Society of Ireland, Dr. McClintock spoke in opposition to the law, commencing as follows: "At a risk of being looked upon as a crazy enthusiast, and one of those remarkable mortals who are wrapped up in transcendental morality, I must express my own difficulty in accepting the moral basis of those Acts." When a prominent physician dare not, in a medical association, open his lips against the law without apologizing almost on his knees, the merits of the question at issue are apt to be lost sight of by the intervention of another question—the right of freedom of speech.—*Pa. Med. and Surg. Jour.*

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GLEANINGS.

HEMORRHAGE CONTROLLED BY ACETATE OF LEAD IN LARGE DOSES.—Dr. Workman (St. Louis *Medical and Surgical Journal*) uses acetate of lead in large doses to arrest post-partum hemorrhage: "My usual dose in post-partum hemorrhage was one dram, dissolved in half a tumbler of water, of which I first gave half, and if this provoked speedy uterine contraction I gave no more; but if it did not I never hesitated to go farther. I took care only to use fresh samples, though even if some carbonate chanced to be present, this being insoluble, would soon fall to the bottom of the glass. I never conjointly, or in alternation, gave opium, because I believed that the more speedily the salt was voided from the body the less likelihood of chemical change, and I often observed that large doses induced early alvine evacuations. The promptitude with which large doses excite uterine contraction has often surprised me; and this fact has been most noticeable when instant vomiting (which however is not a general occurrence) has been provoked. In profuse hemoptysis, I have, within twenty-four or forty-eight hours, administered four, six or even eight drams, without the slightest injury, and with signal hemostatic success. Finally I venture to say that pure acetate of lead, in *large* doses, is the surest and safest of all our medicinal incitants of post-partum uterine contraction."

METHOD OF REDUCING TEMPERATURE.—There is one symptom common to almost all cases of diarrhea, if severe, and in my opinion it is the most important, and that is, the increase of temperature. The best means of reducing the temperature is by the external applications of cold. Since we have the Kibbe's cot, which you have seen here, the immersion of a child in a bath is practically done away with. The Kibbe's cot can be improvised easily; it is a pleasant and convenient way of giving the wet pack, is just as effectual as the bath, and has very few of its objections. Fold a small sheet so that it will cover the child from the axillæ to the ankles; place the child on the bed, leaving the arms and feet uncovered. The axillæ can be dried easily, and the temperature be taken while the child is in the pack, or the thermometer may be introduced into the rectum, the most accurate way of taking the temperature. Water of the desired temperature may be poured on from a pitcher. In cases of slight elevation of temperature, say to 102° F. or under, sponging off the body with water about the temperature of 80° F. will usually answer the purpose, and it may be done often enough to reduce the temperature nearly to normal. But in all cases of an elevation of temperature above 102° F. resort to the Kibbe's cot or its substitute. Always remain and make the first application yourself. The parents will be timid about it. The child will cry, and it will be necessary for you to show them, by the good effects produced, the wonderful power by this means of reducing temperature, of calming the restlessness and irritability of the child and of inducing sleep. Afterward you can teach them the use of the thermometer and the methods of application of the water. The temperature of the water may be at first 90° F.; then gradually, as the child becomes accustomed to it, it may be made cooler until it is brought down to 80° F. in a few minutes. It may be necessary, where the temperature is very high, or where it rapidly rises after it has been reduced, to apply the water even colder than 80°. Reduce the temperature to 99°. It usually goes down still farther after the child is taken out. Remove the sheet, put the child in a thin blanket, cover it up, and let it sleep. It may be left in the pack twenty or thirty minutes, longer or shorter according as you find the temperature down to 99°. In very severe cases where the temperature rises to 105° F. or higher it may be necessary to apply the cold every hour or two. In such cases you need not remove the child from the Kibbe's cot, but let it remain there for even days, if necessary. The cot may be made comfortable by folding a woolen blanket and putting it under the child. I can not speak too emphatically of the importance of the reduction of temperature in the treatment of the diarrheas of children, and of this means of accomplishing it. It is, however, only an aid to other means of treatment.

Therapeutics of Diarrhea in Children.—A. A. Smith, M. D., Lecturer on Materia Medica, etc., in Bellevue Hospital Medical College.

Whatever the cause, all children, whether infants or those older, ought to be kept quiet when suffering from diarrhea. They should be kept in a partially-darkened, quiet room, free from noise; and all talk in the room should be avoided, especially when the child is asleep. The nervous system in childhood is so impressible it is easily disturbed, and any disturbance of this character aggravates the diarrhea. Infants under one year ought to be kept lying down as much as possible. They should not be jolted up and down, as is the custom of most nurses and some mothers, in order to amuse them. If the child is under one year, let it be placed on a pillow, if the diarrhea is severe, as it can be kept quiet more easily in this way than when lying on the lap. Even in changing the napkin care should be taken to move the child as little as possible. Don't be afraid to keep the room well ventilated in which the child lies. Mothers usually are over-careful for fear the child may take cold. and on this account are apt to keep the room too closely shut up. When the child is awake it can be carried carefully into open air, always in the shade. Salt-air is beneficial to almost all forms of diarrhea in children, and this is specially so in regard to city children. We in the city, therefore, urge a ride on the salt-water, or taking the child to the sea-shore, if possible. In all cases in children under a year, if the diarrhea is severe keep warm applications over the abdomen. Make a spice-bag. Take a half ounce each of cloves, allspice, cinnamon, and anise-seeds pounded, but not powdered, in a mortar; put these between two layers of coarse flannel about six inches square, and quilt them in. Soak this for a few minutes in hot spirits (brandy, or whisky, or alcohol) and water, equal parts, and apply it to the abdomen warm, renewing it when it gets cool. In this way we not only get the effects of a poultice, but we also get the sedative and antiseptic effects of the spices. Great heat, with influences that depress the nervous system, bad hygienic surroundings, improper diet, too early weaning, bottle-food, and dentition are among the causes that predispose to diarrhea. In all cases remove the cause, if possible.

Disinfectants and Deodorants Recommended by the Sanitary Council of the Mississippi Valley.—More than half of these agents are valueless in preventing disease, and dangerous as being productive of false security. Heat and pure air are the best of all disinfectants. Where other agents are necessary, the following list will be found useful;

Copperas can be used almost anywhere, cheap and efficient. Especially useful in privies, etc. Ten pounds in a pailful of water; a teacupful in bed-pans, chambers, etc., after being used. A quart a day for privies, urinals, etc., for ordinary purposes. In dangerous diseases add from a pint to a quart to each discharge. The contents of a privy six feet in diameter and twelve feet deep will require twenty pounds of copperas to disinfect it.

Quicklime and gypsum or land plaster are good absorbents and may be used advantageously in damp places, cellars, gutters, etc. They should not, however, be used in drains, catch-basins, sewers, soil-pipes, etc., nor where they are liable to be washed into such places, lest they, by decomposing soap-water, form lime-soap and obstruct the passages.

Charcoal is one of the best deodorants, absorbing large volumes of gases. May be used in powder, mixed with lime or gypsum, and sprinkled freely in malodorous localities. Suspended in a basket in cisterns, meat-safes, dairies, etc., it tends to keep the contents from absorbing foul odors. Charcoal should be frequently reheated to drive off the absorbed gases and renew its efficiency.

Carbolic acid and coal-tar disinfectants are only admissible for outdoor use, on account of their odor. Mixed with gypsum, they are valuable around stables, outbuildings, etc. A gill of carbolic acid in a pailful of water may be used to flush sewers, drains, etc., and in privy-vaults and catch-basins.

Chloride of lime is sufficiently well known not to need special mention here, except to say that its value is greatly overrated. The addition of strong vinegar or dilute sulphuric acid (oil of vitriol) materially increases its efficiency.

Chloride of zinc may be used instead of copperas, and has the advantage of neither bleaching nor staining white or colored fabrics with which it may come in contact. On this account it is especially useful in disinfecting clothing, bedding, etc.

Of the large number of proprietary preparations sold for disinfecting purposes it is not necessary to treat in this connection. If further information is needed, consult your sanitary officer or family physician.

In general: should disease, however, in spite of every reasonable care, break out in our midst, allay fear and prevent panic, which is always senseless, demoralizing the well and jeopardizing to an incalculable extent the lives of those who may fall sick. "In a sick-room there should be wise heads, willing hands, and loving hearts in the attendants, and thankful submission with common sense in the patient."

The Various Applications of Calcium Phosphate in Medicine.—The words of M. Dusart have contributed largely to the spread of the use of phosphate of lime for therapeutic purposes. The importance of this substance is shown by the fact that phosphate of lime is in largest proportion in those animals whose activity is greatest, and whose temperature is highest. Phosphate of lime administered in an insoluble state passes along the alimentary tract, and is for the most part ejected with the fæces without causing any marked change in the animal economy. An entirely different action takes place, however, when the phosphate is dissolved in lactic acid Under the form of lacto-phosphate, it stimulates the function of nutrition, whether in the adult or in the infant. In the latter, under the influence of this substance, the weight of the body undergoes a regular and progressive increase. Whilst exercising this general recouping influence, lacto-phosphate of lime exerts a special effect upon the osseous system, in which it causes an increase of hardness, or in cases of fracture, consolidation. This double action is the basis for the therapeutic applications of lacto-phosphate of lime. In rickets, M. Dusart finds that in every case in which the diet, though sufficient in quantity, was unsuited to the digestive organs, the addition of lacto-phosphate of lime caused rapid improvement. Very interesting observations upon this subject have been collected in the large hospitals of Paris. In wounds and fractures, as in the preceding case, lacto-phosphate of lime acts by its invigorating power and by its special action upon osseous tissue, to which it carries the calcareous salt or reparative material. Its employment is chiefly indicated, according to Dr. Paquet, in those cases in which there exist deeply-seated disturbances of the functions of nutrition. The result, which is all but constant, to be obtained from this method of treatment, is a marked diminution in the usual length of the period of consolidation. Easy pregnancy, constant appetite, a well-developed and vigorous child, a rich milk and abundant supply, are the results obtained by M. Dusart from the employment of lacto-phosphate of lime by the mother. Given to the child, it keeps up its appetite, favors nutrition, and thus preserves the infant from most of the ailments which are peculiar to the first period of life. In typhoid fever and its convalescent period, in albuminuria, phthisis, diphtheria, etc., the invigorating properties of lacto-phosphate of lime may be used with advantage.—*Gazette Medicale de Paris, March* 11, 1879.

THE TIME FOR BEGINNING THE CONSTITUTIONAL TREATMENT OF SYPHILIS.——(Wiener *Med. Wochenschrift*, No. 10, 1879; Berliner *Klin. Wochenschrift*, March 24, 1878; Cincinnati *Lancet and Clinic*, April 25, 1879.) It is von Sigmond's opinion, the result of extensive experience, that the secondary period of the disease is the proper time to commence general medication; even at this stage he saw no necessity for haste, unless several systems or organs were affected, or the disease was of a very severe type, or in case the general physical condition of the patient appeared to suffer. When of the lighter grade and confined to single organs, ordinary local treatment will usually suffice, even in the secondary stage. Abundant experience has satisfied him that anti-syphilitic general treatment during the primary stage exerted no influence upon its course, except in some cases the debiliting course of treatment postponed a cure. Of those treated simply locally at the outset, a large proportion—almost forty per cent. of all infected—presented very slight secondary symptoms, sometimes scarcely noticeable by the patients themselves. In the milder class of these secondary manifestations, complete and permanent cure very often followed simple local means. On the other hand, experience has also shown that a general treatment, begun late in the secondary period, is followed by more rapid and permanent results than if undertaken at an earlier date. In his concluding remarks he insists upon the importance in each stage of the disease, of careful attentión to the hygienic and dietetic conditions and of prompt treatment of all complicating constitutional diseases.

General Directions in Contagious or Infectious Sickness.—1. The sick person should be restricted to one room or a part of the house separated from the other inmates.

2. Secure proper ventilation of the sick-room without producing draughts. Smell is an excellent guide as to the state of the air; if air is sweet, there is but little dread to be felt.

3. The virulence of any poison which causes the spread of disease is greatly increased by concentration in close rooms, and decreased by dilution and free circulation of air.

4. The linen, clothing, bedding, utensils, and every object touched by or in contact with the sick should be isolated, and, such as will permit, should be thrown into boiling water, there to remain for at least half an hour.

5. The nurse should be restricted to the sick-room or otherwise isolated.

6. Remember that disease is communicated by both the poisoned air about the sick, by the clothes and other articles used or touched by them.

7. After the patient leaves the sick-room it should be purified and disinfected. Boil every thing that will admit of it; scald all utensils; scrub the floors; whitewash ceiling and walls. Empty the room entirely, and leave doors and windows open for at least a day or two.—*Sanitary Council of the Mississippi Valley.*

PRETERNATURAL ACIDITY.—Some infants have a tendency to preternatural acidity in the digestive organs. The diarrhea that occurs in such cases is accompanied with considerable pain, the passage of small, cheesy-looking masses with the stools, the odor sour and sometimes even offensive, the reaction decidedly acid. Such children may be given, with good effect, a teaspoonful of lime-water three times a day. Give it in two teaspoonfuls of milk. Chalk may be given. The mist. cretæ of the Pharmacopœia is a good preparation to give. It contains, besides the chalk, gum-arabic, glycerine, and cinnamon, all of them good in this form of diarrhea. Sometimes it is well to give a laxative, as some of these cheesy masses may have collected in the intestines and may be acting as an irritant. The indication is to remove them. I have found the following prescription a better one to give than the traditional castor-oil:

℞ Pulv. rhei rad. . . . . gr. xv;
Sodæ bicarb. . . . . gr. xxv;
Aq. menth. pip. . . . ℥ ij. M.

Sig. One dram as laxative to a child from one to four months old.

In this prescription we get the laxative effects of rhubarb with its so-called secondary astringent effects, the alkali, and the sedative, and antiseptic effects of the perpermint.

In any case of diarrhea, where there is reason to believe there is any irritant in the intestines, the treatment may be commenced by giving a laxative to remove it.

SALICIN A TONIC, SALICYLIC ACID A DEPRESSANT.—Salicin and salicylic acid are two distinct substances. Being so, they not unlikely have different actions on the system. It is possible that they may be eliminated from the system in the same form. There is some evidence to show that such is the case, and that both are eliminated as salicyluric acid. But it is to be specially noted that their therapeutic effects have been produced and their full action on the system exercised before they have reached the stage of elimination and before they have undergone the changes which immediately precede it. Observation and evidence show that their action on the system is different; that the action of salicin is tonic, while that of salicylic acid is depressing, sometimes alarmingly so. This difference, be it noted (and the point is an important one), is quite compatible with their exercising an identical action on the rheumatic poison, and evidence all tends to show that their action in this respect is the same. To get the full beneficial effects of either remedy it is necessary to give it in large and frequently-repeated doses—twenty to thirty grains, at first every hour, and then every two, three, or four hours, as the symptoms decline. Salicylic acid and salicylate of soda can not be given in such dose without some risk. Salicin may thus be given without fear.—*Dr. Maclagan, in London Lancet.*

NURSING AS A CAUSE OF DIARRHEA.—One of the most frequent causes of diarrhea in young infants is too frequent nursing. The child, when a few days old, can be taught to nurse about every two hours during the day and every three hours at night. My first question when I am called to see an infant under six months suffering from diarrhea, is, "How often does the child nurse?" and frequently find it has no regularity of nursing, sometimes nursing as often as every half hour. By establishing regularity of nursing the diarrhea is often cured. A child under four months, as a rule, will have two, sometimes three evacuations in twenty-four hours. This number is within the range of health. You will see many cases of diarrhea with very little constitutional disturbance, but frequency of movements, and the appearance of the movements not particularly unhealthy. Bismuth subnitrat. three grains every two or three hours will cure such cases.

NITRITE OF AMYL IN SUSPENDED ANIMATION.—The nitrite of amyl being a powerful agent in quickening the heartbeat, a few drops of this drug have a powerful influence in restoring the functions of the heart in cases of drowning, hanging, or fainting. It is suggested, therefore, that it should always be used whenever attempts are being made to restore to life an individual apparently dead, or when it is desirable to settle the question whether a person is really dead or not. The dreadful thought of being buried alive has haunted the human race since its earliest days, and the discovery of some means by which this risk could be, if not evaded, at least greatly diminished, would prove an ineffable boon to mankind. Dr. T. Lauder Brunton, to whom we have referred this suggestion, considers it to be a good one. He adds that in ascertaining death the nitrite of amyl might be used along with the cord-test, of tying a cord round the finger. If the circulation have entirely stopped, the part beyond the ligature never becomes any thicker; but if the circulation continue, however slowly, the finger-tip beyond the ligature will sooner or later begin to swell.—*British Medical Journal.*

Bismuth Ointment.—Dr. Sweet writes to the *Medical Summary:* I wish briefly to call the attention of my medical brethren to the value of the sub-nitrate of bismuth as an *external* application. Whenever Erasmus Wilson recommends the oxide of zinc ointmennt, I use the bismuth, and with much more satisfactory results. I do not know what has been the experience of others, but I have found the zinc ungt. too stimulating for any acute eruptions. But the bismuth fulfills the indications perfectly. Mixed with cosmoline or fresh lard, in almost any proportion, it is a sovereign remedy for eczema, herpes, intertrigo of infants, and anything where there is an abraded or irritated surface. A short time since I succeeded in healing an extensive ulcer of the leg, which had resisted other treatment. It is also an excellent application for piles, applied as an ungt. externally, or injected in the form of a solution—a teaspoonful to a few ounces of water or other fluid.

Treatment of Malarial Hemorrhage.—As the mineral astringents, with only a slight exception in favor of ferrous chloride and alumina sulphate, proved of no benefit, the main reliance was on opium administered according to indication, and on spirits of turpentine as soon as this could be retained by the stomach. The spirits of turpentine, given in doses varying from twenty to sixty minims, in connection with laudanum, had good effect in my hands, and as a styptic had no superior. Quinia was absolutely of no use during the continuance of the sanguineous emissions, but afterward proved serviceable in combination with tincture of chloride of iron. With the exception of a laxative dose—usually of calomel—to obviate visceral obstruction, and nitrate of silver to relieve nausea and revulsives, these constituted the main treatment.—*A. G. Tebault, M. D., in Virginia Medical Monthly.*

THE COOL AIR AND WATER TREATMENT OF MEASLES.—The Allgemeine *Med. and Central Zeitung*, No. 29, 1879, contains an abstract of a long article by Dr. Kaczorowski, of Posen, on the discovery(!) made by him that cool air and sponging with cool water have no such disastrous effect in measles as old writers taught, but, on the contrary, relieve the distress of the disease and hasten recovery. This may be news in Poland, but we hope it is not in this country. Various able writers, among whom we signalize, for his earnest statements, Dr. Hiram Corson, have for years advocated it in this journal and in the *Transactions* of the Medical Society of this State. The old treatment of close rooms and warm drinks ought forever to be banished. They cause a more intractible form of disease, retard convalescence, and render the sequelæ more serious.—*Med. and Surg. Reporter.*

CIRRHOSIS FROM INEBRIETY.—Dr. Fox, in the *British Medical Journal*, describes the case of a boy, eleven years of age, who died of cirrhosis which was evidently largely inherited. His mother was a hard drinker, and during pregnancy and lactition had used alcohol excessively. During the last year the boy had developed a strong craving for stimulants. The children of drunken mothers are often imbecile, insane, or epileptic, as a consequence of congestion or hemorrhage into the membrane or nervous substance. If alcohol carries into the composition of the fecundating material certain unknown modifications, why may not cirrhosis be one of its manifestations? In this case all other possible causes were excluded, leaving the strong inference that the cirrhosis was the local expression of the inherited diathesis to inebriety.—*Journal of Inebriety.*

POST-PARTUM HEMORRHAGE.—Dr. Pugliese, in *Lyon Medical*, gives the following treatment: It is simply *inversion of the body.* The patient is seized by the shoulders and turned a quadrant of a circle, the center of which is her pelvis, out of the bed, and her head declined until it reaches the floor. The assistants are charged to support head and shoulders of the patient. The obstetrician proceeds to external and internal frictions of the womb. A subcutaneous injection of ergotine is made in the hypogastric region." A case is related where a patient, pulseless and unconscious, was held in this position for an hour and a half. Consciousness and ability to speak appeared before the radial pulse could be felt.

The return of the horizontal position must be made gradually.—*St. Louis Med. and Surg. Journal.*

Nervous Dyspepsia.—Dr. Myers writes to the *Virginia Medical Monthly:* I can not speak to highly of the following preparation which I have employed, with the happiest results, in those cases of nervous dyspepsia the result of cerebral hyperemia:

℞	Bromid. sodium . .	℥j
	Ext. ergot. fluid . . .	ʒij
	Pepsin (saccharated)	
	Pulv. carbo-lignis .	*aa.* ʒiij
	Aqua	℥ij

M. fiat mistura. S: A teaspoonful every three or four hours.

It contracts their cerebral vessels in their ordinary size, thereby relieving gastric derangement, etc. If constipation exists, I employ, as a purgative, the combination of ox gall and ext. aloes aa. grs. xv, podophyllin, grs. iii, made into five pills, of which one is given every night, or every other night, as the case may require.

The Duty on Quinine.—The fortune of the late Mr. Thomas H. Powers is estimated between five and ten million dollars. Very much of this was made on quinine, and the movement to repeal the duty of that drug is one which should meet the approval of all unbiased physicians. At present the sick are obliged to pay more than twice as much for this medicine as they would were the duty removed. This excess goes into the pockets of the already enormously rich manufacturers. It is a striking instance of the gross injustice of protective duties. In fact, it is encouraging a monoply of the most unfair description.—*Philadelphia Med. and Surg. Reporter.*

Can Life be Supported by Enemata?—M. Crequy related a case of an old woman who vomited incessantly, and whom he had kept alive some time by the use of nutrient enemata. A discussion arose as to the efficacy of such treatment. Experiments on dogs had shown that an animal would die of inanition after bouillon enemata as soon as after the use of warm water. The general opinion seemed to be that the life of the patient in question was not prolonged by the enemata, though many members believed such a thing possible if the enemata could be properly prepared.—*Gazette Hebdomadaire.*

THE TOPICAL APPLICATION OF CHLORAL MEDICATED WITH CAMPHOR.—The mixture of chloral and camphor is transformed by heat into a thick, oily, transparent liquid, resulting from the solution of the camphor in the chloral-hydrate, which thus loses its proportion of water. This topical application does not act like chloral by revulsion, for it does not produce the slightest hyperemia of the skin. Its action appears, therefore, to be due to its absorption. Dr. Sune, who has made out these facts, has seen several cases of pain in the side and slight attacks of neuralgia cured by this new medicine.—*Independencia Medica.*

REFILLING OF PRESCRIPTIONS.—If any physician practicing medicine in this State shall write, or cause to be printed upon any prescription, the words, "No duplicate," any druggist, apothecary, or vender of medicines who shall duplicate a prescription so written or printed upon, without the consent of the physician writing the prescription, shall, on conviction thereof, he subject of a fine of ten dollars ($10) for each and every offense, together with the costs of suit.—*Wisconsin Medical Act.*

DIPHTHERIA.—It has been lately suggested that rotten potatoes and apples are causative of diphtheria, the fungi of these being identical with the fungi of the diphtheritic ulcer. An observer says that the disease invariably attacks families in which the Irish tuber is eaten, and that, during epidemics, families who abstained from the vegetable enjoyed immunity from the disease. Sweet potatoes are not supposed to be similarly injurious.—*Southern Medical Record.*

PARACOTOIN AS A REMEDY IN EPIDEMIC CHOLERA.—Professor Baelz, of Tokio, Japan, contributes to the *Centralblatt*, of July 6th, an account of his striking success with this remedy in cases of malignant cholera. He administered it in doses of 0.2 gramme by hypodermic injection, suspended in equal parts of glycerine and water. The cure was prompt in five cases, all in which he used it, and the Japanese Government has taken measures to provide a supply of the drug, in the event of another outbreak.

TOBACCO-SMOKING AS A CAUSE OF DISEASES OF THE EAR AND DEAFNESS.—Chewing is much less liable to cause these troubles than smoking, because the tobacco-smoke comes in contact with a much larger surface than the saliva impregnated with tobacco. Cigarette-smoking is most injurious, because the smoke is so often blown through the nose, and at the same time enters the eustachian tube. The tobacco-smoke is laden with fine particles, which gain access to the middle ear and irritate its lining membrane. While this does not admit of actual demonstration, it is rendered highly probable by the fact that disturbances of taste and smell are unquestionably produced in this manner, and are frequently observed in habitual smokers. The long continuance of such an irritation gives rise to a chronic inflammation of the middle ear. The characteristic want of sensibility in the mucous membrane of the throat and nose of smokers who suffer from chronic angina is due to the benumbing influence of tobacco.—*Annal. des Maladies de l' Oreille.*

CAPSICUM AND QUININE.—Capsicum combined with quinnine will diminish the size of the dose requisite, and the same may be said of ginger and other aromatics. A good dose of capsicum combined with twenty grains of quinine will act as well as thirty grains of quinine without the capsicum. Spices in general stimulate the portal circulation and promote the flow of bile, and hence their universal use in hot climates.—*Richmond and Louisville Medical Journal.*

BATTEY'S OPERATION.—The Paris *Medical* says of Battey's operation: "It is not only rash, but it is to be condemned for its boldness. We can not approve the conduct of a surgeon who thus plays with the life of his patients, especially when we remember the gravity of deep lesions of the peritoneum. We are happy to state that no French surgeon has followed the footsteps of the American."—*Southern Med. Record.*

TREATMENT OF CRACKED NIPPLES.—Dr. Haussmann has found that lint, soaked in a two per cent. solution of carbolic acid, applied to the nipples, and wetted every two or three hours with the same gives immediate relief to the pain, and causes complete healing (although the baby is still nursed from the nipples) in from two to three days. —*Medical Record.*

EPIDIDYMITIS TREATED BY ELASTIC BANDAGE.—Neumann suggests that, instead of using straps of adhesive plaster, a soft rubber bandage, an inch wide, be used to envelop the tumor, previously covered by cotton wadding. The bandage should not be applied very tightly, or it will become too painful. Cure takes place in from four to six days.

FRECKLES.—Take of finely-powdered sulphophenate of zinc, one part; oil of lemon, one part; pure alcohol, five parts; collodion, forty-five parts. Mix well together by trituration. This has been found efficacious as a local application against freckles and other slight skin-diseases.—*Pharmaceut. Zeitung fur Ruos.*

CORRESPONDENCE.

BUFFALO, *August* 25, 1879.

EDITOR MEDICAL NEWS:—The second annual meeting of the American Society of Microscopists was opened in the chapel of the central school building, on Tuesday morning, August 19, at 10 o'clock, by its President, Dr. R. H. Ward, of Troy. Addresses of welcome were then read by Dr. H. R. Hopkins, Chairman of the Local Committee; Judge Clinton, President of the Society of Natural Sciences, and Dr. T. F. Rochester, to which Dr. Ward replied.

Dr. Carl Seiler, of Philadelphia, was then elected Secretary *pro tem.*, and Mr. George E. Tell, of Buffalo, Treasurer *pro tem.*, and other business was transacted.

During the afternoon session Prof. D. S. Kellicott, of Buffalo, read an exceedingly interesting paper "On Certain Crustaceous Parasites on Fish," which was discussed by Prof. Tuttle and the author.

Prof. Tuttle, of Columbus, Ohio, then made a communication on the "Structure of the Spinal Cord in some of the Marripobranchi," illustrated by drawings on the blackboard, saying, as a reason for taking this subject, that he believed the best way to study the human brain was to begin with the nervous centers of the lower classes of animals, and to work up. He then pointed out several peculiarities in the distribution of the gray and white matter in the spinal cord of the lamprey and other animals belonging to this species. His remarks were discussed at length by Dr. Seiler and Prof. J. Edwards Smith, during which discussion several interesting points, relating to the preparation of nerve tissues, were elicited. A communication from the Mayor of Buffalo, inviting the members to inspect the public buildings, was then read; as was also a communication from Mr. Chas. Tasoldt, of Albany, donating a slide of his fine ruling to the Society. A vote of thanks having been tendered to these gentlemen, the meeting adjourned till next day.

In the evening the President, Dr. R. H. Ward, delivered a very interesting address to a large audience assembled in St. James' Hall.

Wednesday, August 20.

The meeting was called to order at 10½ A. M., by the President, and, after some business had been transacted, a communication was read from E. H. Griffith, of Fairport, N. Y., stating that he would be glad to place in the hands of the President of the Society a silver medal, to be engraved as he shall designate. This medal, the donor says, shall be awarded a first prize at the next regular meeting of the Society, to the member who shall present at that time the best two slides to illustrate the adulteration of some common article of food—one of the slides to show the pure article, and the other the common adulteration of the same article. The adulterated article is to be procured from some dealer in groceries, and shall be such as is in common use. The adulteration and percentage of such must be given. The persons who prepare the slides are not to be known to the committee of award until after the decision. All the slides for competition are to become the property of the Society. This communication was accepted and referred to the Standing Committee, and a vote of thanks was tendered to Mr. Griffith for his offer.

Dr. Lucien Howe, of Buffalo, then read a paper on "The Development of the Eustachian Tube and Middle Ear," which, relating to a department of embryology, that has received as yet but very little attention from scientists, was very interesting and instructive to the members.

Dr. Seiler, of Philadelphia, then read a paper on "photography, as an aid to microscopical investigations," using the blackboard for illustrating his remarks. He pointed out that photo-micrography could be practiced by every microscopist, and that no other instruments were needed but those already in the hands of the student. This paper was discussed at length by Dr. Blackham, of Dunkirk; Dr. Howe, of Buffalo; Prof. Tuttle, of Columbus, Ohio, and the author., Prof. J. Edwards Smith then read a very learned paper, entitled "Remarks Concerning Modern Object Glasses."

After some business, concerning the publication of the transactions, had been disposed of, the meeting was adjourned till the afternoon session.

August 20, 2 *P. M.*

The meeting was called to order, and Dr. George E. Blackham read a paper on "The Systematic Examination of Objectives," which was received with much interest.

Mr. Merriman, of Rochester, then read a paper on "The Preparation of Double Stainings of Vegetable Tissues," which called forth a lively discussion between Prof. E. Smith, Dr. Seiler, Dr. Blackham, Dr. Crane, and Dr. T. W. Hyatt. The special points of discussion were the best method of removing the chlorofil from vegetable tissues, and the merits and demerits of glycerine, and balsam as a mounting material. After this discussion had closed, Prof. J. Edwards Smith, of Cleveland, made some remarks on "The Construction of a Universal Microscope," exhibiting at the same time a stand which he had caused to be made according to his directions, by a maker whose name the speaker declined to mention.

This stand, as far as your correspondent could see, presented nothing new, but was simply a compilation of different mechanical principles, peculiar to the instruments of as many different makers in this country and abroad.

The meeting was then adjourned till next morning.

In the evening private exhibitions of specimens, instruments, and accessories, were going on in the rooms of the members, in the different hotels and private houses.

Thursday, August 21.

The Society was called to order at 10¾ A. M., by the President, and Mr. Theodore Deeke, of Utica, mounted the platform to make some remarks on "Microscopical Examination of the Nervous Centers." He explained his method of hardening and cutting brain tissue, and gave a clear description of the apparatus designed by him for cutting thin sections of the entire brain, some of which, beautifully mounted, he passed around for examination. He also gave a description of his way of staining, and of the microscope which he used for examining three large sections. He then showed some large photographs made by him of sections of spinal cords, which were universally admired.

Prof. Kellicott then read his second paper, on "Certain Crustacea, Parasitic on Fish from the Great Lakes," illustrated by beautiful enlarged drawings.

After the reading of this paper important business was transacted, relating to the revision of the constitution and by-laws and to the place of meeting next year.

Dr. T. Curtis, of Washington, then presented a box of earth, rich in diatoms, to which the members were invited to help themselves. The meeting was then adjourned till afternoon.

Afternoon session was opened at 2 P. M., and Dr. T. Hyatt, of New York, Chairman of the National Committee on Micrometry, was called upon for a report. This report read as follows:

> "This Committee, as a result of individual consideration of the subject, and correspondence with microscopical societies and students, would respectfully and unanimously tender a report of progress to the American Society, and respectfully request this Society to rescind its approval of the one hundredth millimeter as a unit for micrometry, and to refer that question, together with those of securing precision, and international uniformity, to the Committee for further action."

This report was accepted by the Society and the Committee continued.

Mr. Thomas Taylor, of Washington, then made some remarks on the parasites of agricultural plants.

Mr. C. N. Vorce, of Cleveland, then read a paper on "The Destructive Powers of Certain Insects." This paper showed considerable study, and was considered of great value.

An essay on "Microscopical Organisms found in Drinking-Water," by Prof. Lattimore, of Rochester, followed, and was one of the best papers of the meeting.

An invitation was received and accepted from the Local Committee, to attend an excursion to Niagara Falls. The meeting then adjourned.

In the evening a microscopical soiree was held at St. James' Hall, where an opportunity was given to the members to exhibit their instruments and preparations. This entertainment was largely attended, and proved successful in every respect.

Friday, August 22.

The meeting was opened at 10½ A. M., and was the chief business meeting; but, as two gentlemen wished to make some remarks on scientific matter, they were allowed to do so. The first was Dr. W. D. Resner, of Cleveland, who made some remarks on the illumination of fine rulings.

Then Dr. Seiler explained his method of preparing and mounting of animal tissues, and answered several questions put to him by Prof. J. E. Smith and Dr. Resner. The private business of the Society was then transacted, which included the election of officers for the ensuing year, with the following result:

President.—Prof. Hamilton Smith, of Geneva.

Vice-Presidents.—Dr. W. Webster Butterfield, of Indianapolis, and Mr. C. C. Meriman, of Rochester.

Secretary.—Prof. Albert H. Tuttle, of Columbus.

Treasurer.—Mr. Geo. E. Tell, of Buffalo.

Executive Committee.—Dr. W. B. Resner, of Cleveland; Dr. Carl Seiler, of Philadelphia, and Dr. W. C. Barrett, of Buffalo.

The President elect then made a few telling remarks after which the Society adjourned *sine die.*

In the afternoon most of the members made a most delightful excursion to Niagara Falls.

Taking it all together this second annual meeting of the Society of Microscopists was a most harmonious, intellectual and interesting gathering, and one which will be long remembered by all who participated in it.

It was the good fortune of your correspondent to spend a few hours in Rochester, after the close of the meeting, and to walk through the factory of Messrs. Bausch & Lomb, a large four-story brick building on the east side of the river. On the ground floor is the room where the lenses for eye-glasses are ground by machinery, which is both novel in construction and very effective. On the second floor the frames for the glasses are stamped out of sheets of hard rubber, then shaped and the springs riveted on;

while in the third floor the glasses are cut and fitted into the frames by grinding the edges. The finishing touches are also put on the frames in this department.

On the fourth floor, which is divided by board partitions, are the shops for the manufacture of microscopes, the putting together of the stands, the grinding of the lenses, the mounting of objectives, and everything that is necessary for the construction of a first-class instrument.

Yours, C. S.

BOOK NOTICES.

Clinical Medicine. A Systematic Treatise on the Diagnosis and Treatment of Diseases. Designed for the use of students and practitioners of medicine. By Austin Flint, M. D., Professor of Principles and Practice of Medicine, and of Clinical Medicine in the Bellevue Hospital Medical College, etc., etc. 8vo. Pp. 795. 1879. Philadelphia: Henry C. Lea. Cincinnati: R. Clarke & Co. Price, $4.50.

All of our readers are familiar with the writings of Professor Austin Flint, M. D., of Bellevue Hospital Medical College. His work upon the practice of medicine at the present time is more generally used by students and young practitioners than any other work of the kind. While his writings represent recent progress, yet they show that he is conservative in his views, carefully exchewing innovations, and admitting new principles and new theories only after careful examination and well-tried experience have established their truth.

The belief that a work devoted to the diagnosis and treatment of diseases would be of aid to the medical student in his clinical studies, and useful, as a book of reference to the practitioner, has led the author to the preparation of this volume. The plan of the work, and the arrangement of diseases have been made with special reference to clinical medicine. In the introduction are considered topics of importance as bearing on medical study and practice. Conforming to the nosological method now generally adopted, diseases are divided into general and local, and the latter are distributed into classes corresponding with the different physiological systems, viz: the respiratory, circulating, digestive.

urinary and nervous. Each of the five sections is prefaced by preliminary observations, relating to symptomatology, and other topics of practical importance as bearing on the clinical study and treatment of the diseases considered in that section.

The author states that the work is intended to accompany, and not, in any measure, to supersede more comprehensive treatises embracing the morbid anatomy, the causation, and the pathology of diseases. It has seemed to him that a serviceable coadjutor to the larger text-books might be found in a volume which should be devoted exclusively to the two great practical objects of medical science, namely, diagnosis and treatment, viewed in the light of the latest observations and experience.

We have no doubt but that medical students and practitioners will find the work a most valuable one. Although the information contained in it is not different from what may be found in regular scientific works on the Principles and Practice of Medicine, yet the manner in which it is presented renders it more striking and more easily grasped, as it were, than in such. In addition, also, the mode of differentiating between diseases is made more easy. We cordially recommend the work to all of our medical friends as one that will be highly esteemed by them.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF PHILADELPHIA, VOL. VIII.—Containing the Reports of the Proceedings, from September, 1877, to July, 1878. Edited by G. Henry C. Simes, M. D., Lecturer on Histology in the University of Pennsylvania, etc. 8vo. Pp. 225. Philadelphia: J. B. Lippincott & Co. Cincinnati: R. Clarke & Co. 1879.

Our readers will find the work, whose title we have given, a very interesting one, indeed, as works of this kind generally are. The papers contained in it are of a practical character, describing cases as they occur in actual practice. No works are more useful than those containing reports of cases; in them the student sees applied those principles and theories which are taught him in his text-books.

In the work before us there are papers on the osseous system, with reports of cases involving diseases of the bones; papers on the digestive apparatus; on the vascular system; on the organs of respiration; on the genito-urinary organs; on the nervous system; on the organs of special sense; on tumors not otherwise classifiable; on miscellaneous pathological conditions.

Our Philadelphia brethren are generally industrious cultivators of medicine; and, in the department of pathology, this little book affords them an excellent record. We have no doubt it will find a place in many libraries, as it certainly merits to.

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EDITORIAL.

HAY FEVER—The *Medical Record* states that there are probably nearly 50,000 persons suffering from what is termed hay fever. It was formerly supposed that the affection depended upon the irritation produced by the pollen of certain flowers and grasses which floated in the air in the months of May, June, July, and August of each year. It was afterward observed that certain persons were peculiarly affected when brought in contact with certain animals, such as the cat, and by the vapor from certain animal substances, such as warm milk. According to the *Record*, Dr. Geo. M. Beard, of New York, has propounded a "nerve theory." According to this theory, the disease is subjective instead of objective; external irritants, which are exceedingly numerous, such as rag-weed, pollen, etc., are of a secondary and a tertiary character and powerless in themselves to produce the disease, and produce the disease only when acting on a nervous idiosyncrasy. This author has described a new form of disease, which he calls the July cold, or middle form, which links the early form, or June cold, with the later form, or autumnal catarrh. It seems to us that the nerve theory explains many of the cases which have heretofore been regarded as very obscure; for example, those in which the symptoms peculiar to hay fever have continued from May to November, or during the winter months, or all the year round. If the nerve theory be true—and it seems to be fairly sustained—it revolutionizes the treatment of the disease. It must be attacked from a new point of view; yet it can not be successfully claimed that all cases are to be treated alike, or that any specific can be found for it. The remedies to be employed are those which are not painful—not even disagreeable. Of course, removal from the exciting cause is the primary factor in obtaining prompt relief; but, when this can not be effected, the symptoms can be greatly relieved, and many cases cured, by such remedies as arsenic, nux vomica, carbolic acid, belladonna, tonics and sedatives, electricity, etc., and their combinations.

DISINFECTANTS.—The *Times*, of Cincinnati, in a recent issue, in reporting the progress of yellow fever in Memphis, contains the following telegram from that city: "It is a question whether disinfection is not a humbug and an imposition on the credulity of the people. Even those who are spreading disinfectants around premises have taken the fever like other people."

It certainly may be true that in a city in which yellow fever, or smallpox, or any other contagious disease is prevailing, individuals may be attacked who employ disinfectants thoroughly about their premises; yet it would by no means necessarily follow that those agents are not efficient in destroying morbid germs when they come in contact with them. The theory in regard to these poisons is that they are transmissible to considerable distances through the atmosphere, consequently, when a contagious disease prevails in a city, although no germs may be propagated in a certain neighborhood, or may be destroyed as rapidly as they are formed, yet persons there may become infected by germs brought from another locality. It will certainly require more evidence that so-called disinfectants are a "humbug, and an imposition on the credulity of the people," than merely the fact that "those who are spreading disinfectants around premises have taken the fever like other people." It must be demonstrated by some means, that when the chemical agent comes in contact with the morbid poison it fails to destroy it. We admit that the ability to destroy an odor is not proof of efficiency to destroy disease germs, yet, when a property of this kind is possessed, and a gaseous emanation, therefore, is to an extent changed, it is not unreasonable to suppose that its morbid qualities are made to cease to exist.

We think our Memphis friends have not yet had sufficient cause to abandon their confidence in disinfectants, and should continue to employ them.

American Academy of Medicine.

The Fourth Annual Meeting of the American Academy of Medicine will be held in the rooms of the New York Academy of Medicine, 12 West Thirty-first Street, New York, commencing Tuesday, September 16th, at three o'clock P. M.

The following programme has been determined upon:

Tuesday afternoon: Organization, Election of Members, Unfinished Business, General Business.

Tuesday evening, at 8 o'clock: Address by the President, Lewis H. Steiner, A. M., M. D., of Frederick, Maryland, on "The Preparatory Education most needed by the Medical Student."

Wednesday, 10 A. M.: General Business. Paper by Elisha Harris, A. M., M. D., of New York, on "Hygiene and the Higher Researches of Science."

Election of Officers.

Introduction of President elect.

SYNOPSIS OF DR. ELISHA HARRIS' PAPER.

I. The relations of progressive researches in Physiology, Pathology, and Chemistry to Sanitary Science and Public Hygiene.
  a. Present state of the problems of Sanitary Science.
  b. The essential questions and requirements of Public Hygiene.
  c. Sanitation as an Art based upon exact scientific knowledge.
  d. The old empirical basis of sanitary practice compared with the conclusions and practice of Protective Medicine as a Science and an Art.

II. Discussion of the problems that Protective Medicine or Public Hygiene demands shall be solved by the pathohistologist, the naturalist, and the chemist.

III. The demands of Public Hygiene upon engineering, architecture, and civil government to be enforced and made effectual by exact interpretations of science.

The Fellows of the Academy must be Alumni of respectable collegiate institutions, who have received therefrom:

1. The degree of Bachelor of Arts, after a systematic course of study, preparatory and collegiate.

2. The degree of Master of Arts in accordance with the usage of these institutions.

3. The degree of Doctor of Medicine, after a regular course of study, not less than three years, under the direction and instruction of preceptors and professors. They must have also had an experience of three years in the practice of medicine.

Candidates for fellowship must be recommended by at least one Fellow, and be approved by a majority of the Council, after which the consent, by ballot, of two-thirds of the Fellows present will secure their election.

The initiation fee is $5.00, to be paid before initiation and registration.

Blank forms of application for fellowship can be obtained from the Secretary.

The annual meeting for 1879 will be held September 16, in New York.

RICHARD J. DUNGLISON, M. D., *Secretary*,
P. O. Box 2386, Philadelphia.

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MARRIED.—*Amick—Taylor.*—At the residence of the bride's parents, Gold Hill Farm, Kansas, on July 22d, 1879, by the Rev. Elijah Clark, Dr. M. L. Amick, of Cincinnati, to Miss Maggie Taylor, formerly of Cincinnati.

The numerous friends of Dr. Amick will be pleased to learn of his marriage. Having lived a bachelor's life for a long time, when every one thought he ought to have a wife to comfort and solace him, he will be welcomed as a benedict. As a newly married man he will be entitled to all the privileges and immunities accorded to such in the Old Testament Scriptures—being exempt a year from going to war, etc. We wish him a long, happy, and prosperous married life. So do all who know him.

MARRIED.—*Thacker—Reno.*—On August 26, by the Rev. Dr. P. Tinsley, Rector of the Church of the Advent, at the residence of the bride's brother, Capt. John C. Reno, of Walnut Hills, Dr. J. A. Thacker to Miss Rebecca C. Reno.

PHOSPHOROLE.

PHOSPHORUS and COD-LIVER OIL

have now an established position throughout the civilized world as important therapeutical agents. A *perfect combination* of the two has long been a desideratum, since they are both of value in the same disorders, while the cases in which one is demanded and the other contra-indicated are exceedingly rare.

The combination in Phosphorole has the twofold advantage of furnishing *the best possible form* for the administration of *phosphorus*, and *a more effective form* for the administration of *cod-liver oil.*

With regard to the former, it has been decided by the highest chemical and medical authorities that *phosphorus* should be administered *in a free state*, and in a vehicle which ensures its *perfect diffusion*, its *absolute unalterability*, and, as far as possible, its *prompt assimilation* without the gastric irritation to which the ordinary methods of exhibiting the agent give rise. It is well known that pills, emulsions, solutions in ether, chloroform, vegetable oils and resin, etc., have all failed to fulfill one or more of these conditions. Even an ordinary solution of phosphorus in cod-liver oil would not answer the purpose in all respects. We claim, however, that Phosphorole completely satisfies all the conditions. From the method of preparing it, in an atmosphere of dry carbonic acid, the phosphorus is *entirely dissolved without oxidation*, and by our mode of manipulation *a positive uniformity of strength* is ensured. It is then promptly bottled and sealed, and its *stability and permanence* thus secured. The exact amount of phosphorus in each dose is known, its efficiency is ensured, and the irritant effects upon the stomach are reduced to a minimum by the blandness of the oil. As a means then of administering *phosphorus* in the many cases in which it is indicated as a *nervous tonic and stimulant*, it is claimed that Phosphorole is the best attainable in the present state of our knowledge.

The value of *cod-liver oil* in phthisis is so familiar to the physician that it is needless to dwell upon it. But the value of *phosphorus* is also universally recognized in this disease, especially when complicated with nervous derangements. The *combination* of the two therefore furnishes a more effective form for the administration of cod-liver oil in the great majority of cases in which that remedy is indicated, and one which will at once commend itself to the profession.

A dose of two teaspoonfuls of Phosphorole contains $\frac{1}{100}$ of a grain of phosphorus. This dose, when given after a meal, is effective, and not very liable to interfere with digestion. *Phosphorus is cumulative in its action, and should be administered with watchful care.* About $\frac{1}{12}$ grain is considered the largest safe dose, and we rarely need go higher than $\frac{1}{20}$ or $\frac{1}{30}$ of a grain. At the very first appearance of the smallest gastric derangement, the exhibition of phosphorus should be stopped.

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A most useful, convenient, and economical preparation, always ready for immediate use. Clean, prompt in its action, and keeps unaltered in any climate; easily transported and pliable, so as to be applied to all parts and surfaces of the body. It is prepared of two strengths:—No. 1, of pure mustard; No. 2, of half mustard. Each kind put up separately, in boxes of 10 plasters. Price, 40 cents.

DIRECTIONS.—Dip the plaster, a minute or two, in cold water, and apply with a band.

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ELIXIR OF HORSE-RADISH.

This Elixir contains Iodine, Pyrophosphate of Iron, the active principle of anti-scorbutic and aromatic plants, and acts as a *tonic, stimulant, emmenagogue*, and *a powerful regenerator of the blood*. It is an invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood. One of the advantages of this new preparation consists in combining the virtues of Iodine and Iron, without the inky taste of Iodide of Iron.

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Dr. Rabuteau's Drogees (sugar coated pills) do not blacken the teeth, and are assimilated by the most delicate stomachs without causing constipation. Dose, 2 morning and evening, at meal time.

Dr. Rabuteau's Elixir is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily because of its agreeable taste.

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OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverised iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of Blancard *Pharmacien, No. 40 Rue Bonaparte, Paris.* without which none are genuine.

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Oil of Eucalyptus; Cod Liver Oil; Rhubarb;
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The superiority of these Globules over other forms consists in the ease with which they are taken, and in their ready solubility and hence promptness of action.

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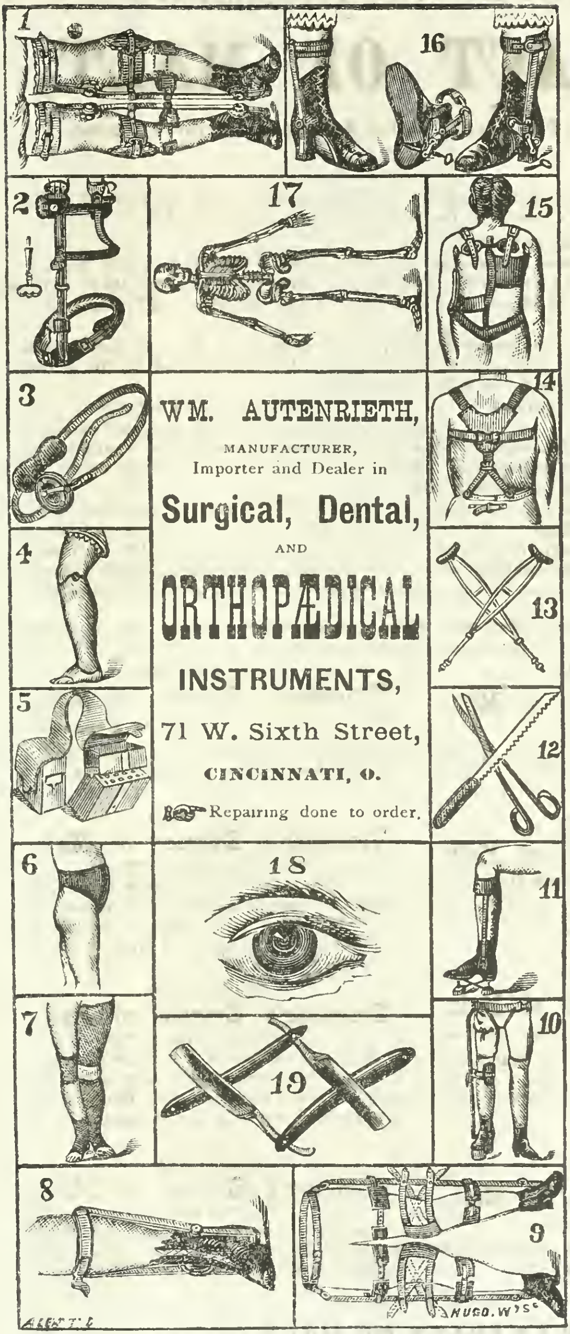

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EXTRACT OF MALT,

Prepared from the Best Canada Barley Malt by an Improved Process.

Attention is invited to the following Analysis of this Extract, as given by S. H. Douglas, Prof. of Chemistry, University of Michigan, Ann Arbor.

Trommer Extract of Malt Co.:

I inclose herewith my analysis of your EXTRACT OF MALT: Malt Sugar (Glucose), 46.1; Dextrine. Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.466; Ash (Phosphates), 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hagar, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOWGLAS,
Professor of Analytical and Applied Chemistry.

This preparation is highly recommended by physicians as an effective agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

By American and foreign authorities the MALT EXTRACT is extolled in the treatment of impaired, difficult and "irritable" digestion, loss of appetite, sick headache, chronic diarrhea, cough, bronchitis, asthma, consumption, the debility of females and of the aged, in retarded convalescence from exhausting diseases, and all depressing maladies. It is often borne by the stomach when every kind of food is rejected.

In addition to the Extract of Malt with Hops, the attention of physicians is invited to the following combinations:

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Each dose contains four grains of the Pyrophosphate of Iron.

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Each dose contains four grains of the Citrate of Iron and Quinia.

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Trommer's Extract of Malt,
With Cod Liver Oil and Iodide of Iron.

Consisting of equal parts of Extract of Malt and Cod Liver Oil, Iodide of Iron being added in the proportion of one grain to the dose.

IMPROVED
Trommer's Extract of Malt,
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Consisting of equal parts of Extract of Malt and the best Cod Liver Oil.

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Trommer's Extract of Malt,
With the Iodides of Iron and Manganese.

Each dose contains one grain each of the Iodides of Iron and Manganese.

IMPROVED
Trommer's Extract of Malt,
With Hypophosphites.

Each dose contains 2 grains Hypophosphite of Lime; 2½ grains Hypophosphite of Soda, and 1 grain each of the Hypophosphites of Potassa and Iron.

IMPROVED
Trommer's Extract of Malt,
With Alteratives

Each dose contains the proper proportions of the Iodide of Calcium and Iron, and of the Chlorides and Bromides of Magnesium, Sodium and Potassium.

IMPROVED
Trommer's Extract of Malt,
With Pepsin.

Each dose contains six and one-fourth grains of Pepsin and two and one-eighth minims of Hydrochloric Acid.

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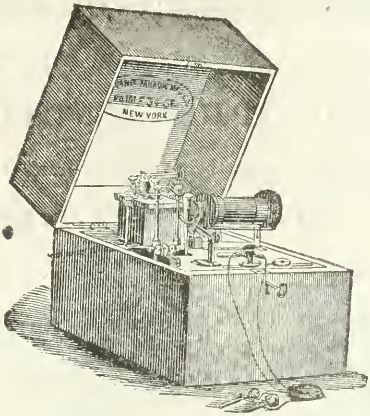

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TO THE MEDICAL PROFESSION.

MALTINE.

(*EXTRACT OF MALTED BARLEY, WHEAT & OATS.*)

THIS PREPARATION
Contains from three to five times the Medicinal and Nutritive Elements found in Extract of Malt.

MALTINE is a highly concentrated extract of malted Barley, Wheat and Oats, containing, undiminished and unimpaired, all the medicinal and nutritious principles found in these cereals. By the most carefully conducted scientific process, we are enabled to offer to the medical profession a perfect article, possessing from three to five times the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.

In support of our claims we invite the attention of the profession to the following points, viz:

FIRST: In the manufacture of MALTINE the evaporation necessary to reduce it to its great density is conducted in vacuo, at a temperature ranging from 100° to 120° Fahr.; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates, and Albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity, possessing little virtue aside from the saccharine matter which it contains.*

SECOND: Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium and Potassium are essential elements in the food of man, and it is only in MALTINE, containing the combined properties of malted Barley, Wheat, and Oats, that all these principles can be found in the proper proportions; Extract of Malt made from Barley alone is wanting in some of the most important of these elements.

THIRD: Gluten is the most nutritious principle found in the cereals, and is the only vegetable substance which will alone support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. MALTINE contains twenty times the quantity of Gluten found in any Extract of Malt.

FOURTH: Liebig says, "Wheat and Oats stand first among our list of cereals in combining all the elements in proportions necessary to support animal life. They are especially rich in muscular and fat producing elements." The only reason we use malted Barley in the manufacture of MALTINE is that it contains larger productions of mineral matters (bone producers) and Diastase. It is deficient in all other essential elements.

We believe that any practitioner will readily recognize the superiority of MALTINE, and would request a trial and comparison of merits with any article offered for similar uses.

---

* As a sure test for Diastase, and the Albuminoids, a small quantity should be put in a test tube or small vial, largely diluted with water, and heated to the boiling point, when the Albumen, if present, will coagulate, and appear in little flocculent particles throughout the liquid. If the extract remains clear, it is proof that it has already been coagulated by excessive heat, and removed by filtration during the process of manufacturing. Any heat which will coagulate Albumen will inevitably destroy the digestive power of Diastase.

(OVER.)

The Nitrogenous constituents of MALTINE have a composition identical with that of the chief constituents of the Blood, and therefore contain nearly every element requisite for the reproduction of the human body.

MALTINE AND ITS COMPOUNDS

Can undoubtedly be used with greater success than any other remedy now known, in cases of general and nervous Debility, Indigestion, imperfect Nutrition and deficient Lactation; Pulmonary affections, such as Phthisis, Coughs, Colds Hoarseness, Irritation of the Mucous Membranes and difficult expectoration; Cholera Infantum and wasting diseases of children and adults; Convalescence from Fevers, and whenever it is necessary to increase the vital forces and build up the system.

We manufacture the following preparations, the formulas and doses of which are given in our dose books and on the label attached to each bottle:

MALTINE with Hops.

MALTINE, Ferrated:
This combination is specially indicated in Anæmia and Chlorosis, and in all cases of defective nutrition, where Iron is deficient in the system

MALTINE with Phosphates Iron and Quinia:
A powerful general and nutritive tonic.

MALTINE with Phosphates Iron, Quinia and Strychnia:
A powerful nutritive, general and nervous tonic.

MALTINE with Hypophosphites:
This preparation is specially indicated in Phthisis, Rickets, and deficient Ossification.

MALTINE with Pepsin and Pancreatine:
One of the most efficient combinations in Dyspepsia, Cholera Infantum and all diseases resulting from imperfect nutrition. It contains three of the all-important digestive agents, Diastase being one of the constituents of the MALTINE. We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nutritive qualities.

MALTINE with Beef and Iron:
One of the most valuable combinations in cases of general Debility, when there is deficient nutrition and a deficiency of Iron in the system.

MALTINE with Cod Liver Oil:
The most perfect emulsion, and most agreeable and effective mode of administering this nauseous but valuable Oil yet discovered.

MALTINE with Cod Liver Oil and Phosphorus:
In this combination the Phosphorus has no irritant effect upon the stomach.

MALTINE with Cod Liver Oil and Iodide of Iron:
This is prepared with the tasteless Iodide of Iron, which undergoes no chemical change from contact with the Oil, and does not blacken the teeth.

MALTINE with Alteratives:
In this preparation MALTINE is combined with the most valuable Alteratives known, such as Iodides, Bromides, and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula, and all depraved conditions of the blood. Each fluid ounce contains: Chloride Calcium, 10 grains; Chloride Magnesium, 10 grains; Bromide Sodium, 5 grains; Iodide Potassium, 1 grain; Iodide Iron, ¼ grain. Dose: One teaspoonful to one tablespoonful.

We also manufacture a perfectly prepared Extract of Malt from Barley only.

MALTINE preparations are sold at the same prices as Extract of Malt and its combinations, and are put up in amber bottles holding sixteen fluid ounces; each bottle inclosed in a folding paper box.

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PURE COD LIVER OIL

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HYPOPHOSPHITES OF LIME AND SODA

PERFECT, PERMANENT, PALATABLE.

We respectfully ask the Medical Profession to give the above preparation a trial, knowing they will find it just the thing long desired, and obtain splendid results in the wasting diseases indicated by mal-nutrition and assimilation. The *perfect* and *permanent* union of the Cod Liver Oil with the Hypophosphites, and the thorough manner in which the nauseous taste is disguised, renders it so palatable that the most delicate stomach can retain it. The notable advantage it possesses over all other preparations, is its permanency as an emulsion, remaining for an almost unlimited time without the slightest separation or change, which enables the Physician always to prescribe it in its proper proportions. This oil is prepared expressly for us and guaranteed strictly pure. We will gladly furnish, express paid, a 4 oz. sample to any Physician in the country who may not have been supplied.

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MESSRS. SCOTT & BOWNE:

Gentlemen:—I have used the Emulsified Cod Liver Oil and Hypophosphites prepared by you, and have been much gratified with its results.

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For the last fifteen months I have used your Cod Liver Oil Emulsion, both in hospital and in private practice, and have been greatly pleased with its effects. It is better borne, and can be taken for a longer time, than any other preparation of Cod Liver Oil. In Children's Diseases I have found it especially valuable.

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3	inch Focal Length,	12°	Angular Aperture		$15 00
2	" " "	20°	" "		25 00
1	" " "	50°	" "	Will show 40,000 lines to the inch	40 00
⅔	" " "	45°	" "	" " " " " "	30 00
½	" " "	100°	" "	" P Angulatum with central light	50 00
¼	" Dry and Im"	180°	As Immersion will show Balsam mounted, Am. Pellucida, and the Immersion angle is equivalent to above 180° in air.	4 systems	65 00
1-6	" " "	...			65 00
1-8	" " "	...			70 00
1-10	" " "	...			70 00
1-16	" " "	...			100 00
1-25	" " "				150 00
1-50	" Immersion "	175°			200 00
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Graduated collar adjustment from ½ inch inclusive upward, giving rectilinear movement to the inner systems.

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2 inch	15°	15	
1 inch	30°	15	
2-3 inch	35°	18	
1-2 inch	65°	20	
1-4 inch	115°	20	Adjustable.
1-6 inch, D and I	140°	25	”
1-8 inch, D and I	160°	40	”
1-15 inch, Im	160°	45	”
1-18 inch, D and I	160°	55	”

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3 inch	8°	$ 6
2 inch	10°	6
1 inch	20°	8
2-3 inch	30°	10
1-2 inch	45°	10
1-4 inch	100°	14
1-8 inch	112°	20
1-16 inch	120°	30

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Speaking of **HORLICK'S FOOD:** "Being carefully prepared, according to Liebig's Formula, by Chemists fully competent, it possesses certain advantages, such as quick and easy preparation and a pleasant flavor, and is therefore highly esteemed by those who have used it." [*Page 58 of the fourth edition of a Treatise on Diseases of Infancy and Childhood. By J. Lewis Smith, M. D., etc.*—1879] Also, speaking in another place [page 647] of artificial food for infants, especially those suffering from intestinal catarrh, he says: "I prefer Liebig's, especially **HORLICK'S** preparation of it."

Report from Bellevue Hospital, New York.

In *The Hospital Gazette* for February 6th, 1879 [page 108] Dr. E. Hochheimer makes a report from BELLEVUE HOSPITAL of a case of Infantile Paralysis, which was followed by an exhausting diarrhœa.—Speaking of the treatment, he says: "Her condition continued unchanged for the next three weeks; she was put upon a diet consisting principally of milk, but the diarrhœa persisted in spite of opiates and astringents."

"*Nov. 17th.—Milk was stopped, and she was put upon a diet of HORLICK'S FOOD; after this she began to mend, the diarrhœa became less and finally disappeared; she began to gain flesh, and her general condition was much improved.*"

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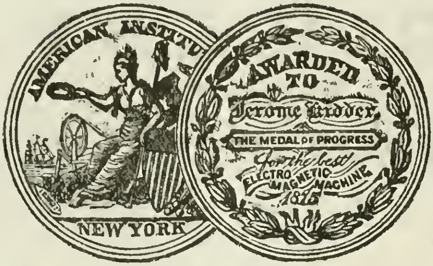

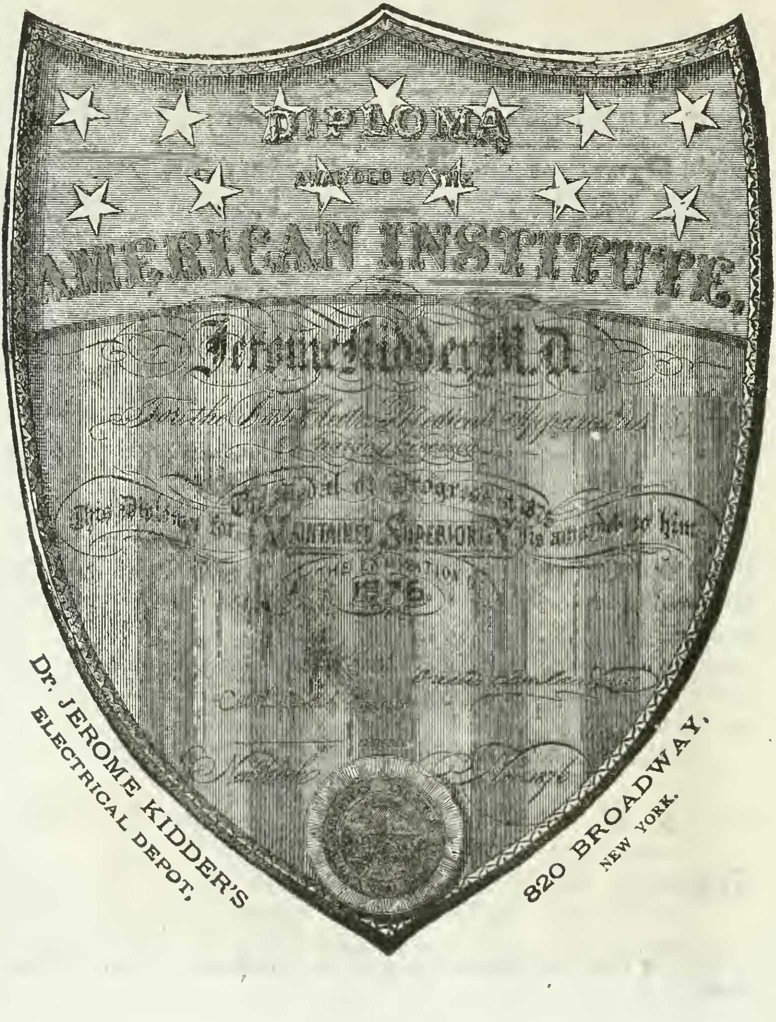

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1876

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PEPSIN OF STILL GREATER STRENGTH, suitable for physiological experiments, is prepared on demand.

LIQUID PEPSIN (1 fluid ounce digests 90 grains of Coag. Albumen) is a very palatable medicine, that will not decompose or spoil, and that is highly recommended by all physicians who have used it once.

ALL MY PREPARATIONS WARRANTED.

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EMPTY CAPSULES (5 Sizes)

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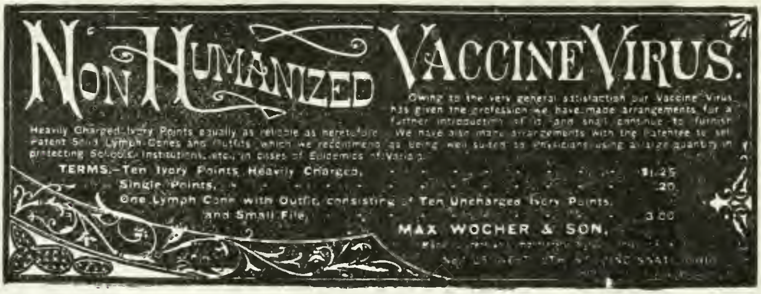

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TERMS.—Ten Ivory Points, Heavily Charged, ... $1.25
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One Lymph Cone with Outfit, consisting of Ten Uncharged Ivory Points, and Small File, ... 3.00

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BELLEVUE HOSPITAL MEDICAL COLLEGE

CITY OF NEW YORK.

MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1879-'80.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1879-'80 will begin on Wednesday, September 17, 1879, and continue until the opening of the Regular Session. During this term instruction, consisting of didactic lectures upon special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty, in the same number and order as during the Regular Session. Students expecting to attend the Regular Session are recommended to attend the Preliminary Term, but such attendance is not required.

THE REGULAR SESSION will begin on Wednesday, October 1, 1879, and end about the 1st of March, 1880. During this Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

THE SPRING SESSION consists chiefly of recitations from Text-Books. This Session begins on the 1st of March and continues until the 1st of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

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Dissection Fee (including material for dissection)	10 00
Graduation Fee	30 00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket valid for the following winter)	$ 5 00
Recitations, Clinics, and Lectures	35 00
Dissection (Ticket valid for the following winter)	10 00

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THOMAS M. MARKOE, M. D., Professor of the Principles of Surgery.

T. GAILLARD THOMAS, M. D., Professor of Gynæcology.

JOHN T. METCALFE, M. D., Emeritus Professor of Clinical Medicine.

HENRY B. SANDS, M. D., Professor of the Practice of Surgery.

JAMES W. McLANE, M. D., Professor of Obstetrics and the Diseases of Children.

THOMAS T. SABINE, M. D., Professor of Anatomy.

CHARLES F. CHANDLER, Ph. D., Professor of Chemistry and Medical Jurisprudence.

EDWARD CURTIS, M. D., Professor of Materia Medica and Therapeutics.

FRANCIS DELAFIELD, M. D., Adjunct Professor of Pathology and Practical Medicine.

JOHN G. CURTIS, M. D., Adjunct Professor of Physiology and Hygiene, Secretary of the Faculty.

WM. DETMOLD, M. D., Emeritus Professor of Military and Clinical Surgery.

WILLIAM H. DRAPER, M. D., Clinical Professor of Diseases of the Skin.

CORNELIUS R. AGNEW, M. D., Clinical Professor of Diseases of the Eye and Ear.

ABRAHAM JACOBI, M. D., Clinical Professor of Diseases of Children.

FESSENDEN N. OTIS, M. D., Clinical Professor of Venereal Diseases.

EDWARD C. SEGUIN, M. D., Clinical Professor of Diseases of the Mind and Nervous System.

GEO. M. LEFFERTS, M. D., Clinical Professor of Laryngoscopy and Diseases of the Throat.

CHAS. McBURNEY, M. D., Demonstrator of Anatomy.

WM. T. BULL, M. D., Assistant Demonstrator of Anatomy.

FRANCIS DELAFIELD, M. D.,
Director of the Pathological Laboratory of the Alumni Association.

FACULTY OF THE SPRING SESSION.

JAMES L. LITTLE, M. D., Lecturer on Operative Surgery and Surgical Dressings.

GEORGE G. WHEELOCK, M. D., Lecturer on Physical Diagnosis.

ROBERT F. WEIR, M. D., Lecturer on Diseases of the Genito-Urinary Organs.

H. KNAPP, M. D., Lecturer on Diseases of the Eye and Ear.

T. A. McBRIDE, M. D., Lecturer on Symptomatology.

CHAS. McBURNEY, M. D., Lecturer on the Anatomy of the Nerves.

The COLLEGIATE YEAR embraces a special *Spring* and a regular *Winter* Session, attendance at the latter only being required for the graduating course. The Spring Session begins in March, and continues till June 1st. The *Regular Winter Session* for 1879-80 begins October 1st, and continues till March.

TUITION is by the following methods:

I. Didactic Lectures.—During the *Winter Session* from five to six lectures are given daily by the Faculty. Attendance obligatory. During the *Spring Session* two lectures are given daily by the Faculty of the Spring Session. Attendance optional.

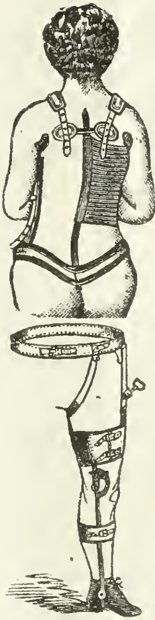
II. Clinical Teaching.—Ten Clinics, covering all departments of medicine and surgery, are held weekly throughout the entire year in the College Building. In addition, the Faculty give daily Clinics at the larger City Hospitals and Dispensaries (such as the Bellevue, Charity, New York and Roosevelt Hospitals, the New York Eye and Ear Infirmary, etc.), as a regular feature of the College Curriculum. Attendance optional.

III. Recitations are held daily throughout both sessions. Attendance optional.

IV. Personal Instruction.—Cases of *Obstetrics* are furnished without charge. Personal instruction is given in *Practical Anatomy, Operative Surgery, Minor Surgery, Physical Diagnosis, Ophthalmology, Otology, Laryngoscopy, and in Normal and Pathological Histology.* Attendance optional, except upon Practical Anatomy.

Expenses.—The *necessary* expenses are a yearly Matriculation fee ($5, good for a collegiate year), the fees for the lectures of the Winter Session ($20 for the course on each branch, or $140 for the entire curriculum). The Practical Anatomy fee ($10, and a small charge for material), and a Graduation fee of $30. The graduating course requires three years' study, attendance upon two full winter courses of lectures, and upon one course of Practical Anatomy. Remissions and reductions of lecture-fees are made to graduates, and students who have already attended two full courses. *All fees are payable in advance. Board* can be had for from $5 to $9 a week, and the clerk of the College will aid students in obtaining it.

For the Annual Catalogue and Announcement, or for further information, address JOHN G. CURTIS, M. D., Secretary of the Faculty, College of Physicians and Surgeons, Corner Twenty-third Street and Fourth Avenue, New York.



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J. WILLISTON WRIGHT, M. D., Professor of Surgery.

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JAMES L. LITTLE, M. D., Clinical Professor of Surgery.

THE COLLEGIATE YEAR is divided into three Sessions—a Preliminary Session, a Regular Winter Session, and a Spring Session.

THE PRELIMINARY SESSION will commence September 17, 1879, and will continue until the opening of the Regular Winter Session. It will be conducted on the plan of that Session.

THE REGULAR WINTER SESSION will commence on the first of October, 1879, and end about the first of March, 1880.

The location of the new college edifice being immediately opposite the gate of Bellevue Hospital, and a few steps from the ferry to Charity Hospital, Blackwell's Island, the Students of the University Medical College are enabled to enjoy the advantages afforded by these Hospitals, with the least possible loss of time. The Professors of the practical Chairs are connected with the Hospitals, and the University Students are admitted to *all the Clinics* given therein *free of charge*.

In addition to the daily Hospital Clinics, there are eight Clinics each week in the College Building. Five Didactic Lectures will be given daily in the College Building, and Evening Recitations will be conducted by the Professors of Chemistry, Practice, Anatomy, Materia Medica, etc., Physiology, Surgery, and Obstetrics, upon the subjects of their lectures

THE SPRING SESSION embraces a period of twelve weeks, beginning in the first week of March and ending the last week of May. The daily Clinics, Recitations, and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by the members of the Post-Graduate Faculty.

THE DISSECTING-ROOM is open throughout the entire Collegiate Year. Material is abundant, and it is furnished free of charge.

Students who have studied two years, and who have attended two full courses of lectures, may be admitted to examination in Chemistry, Anatomy, and Physiology; and, if successful, will be examined at the expiration of their full course of study on Practice, Materia Medica, and Therapeutics, Surgery, and Obstetrics; but those who prefer it may have all their examinations at the close of their full term.

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In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians: —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.

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"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.

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"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.

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BILLINGS, CLAPP & CO., Manufacturing Chemists,

(SUCCESSORS TO JAMES R. NICHOLS & CO.)

BOSTON, MASS.

NEW REMEDIES.

RECENTLY INTRODUCED BY US.

RHUS AROMATICA. Highly recommended in the treatment of diabetes and other diseases of the genito-urinary organs, viz.: Hematuria, enuresis (in both old and young), uterine hemorrhage, and as local application in leucorrhea, also in atonic diarrhœa and dysentery, and more especially summer diseases of children.

See article by Dr. McClanahan in the April number of *New Preparations.*

We offer this new remedy in the form of a fluid extract from the fresh bark of the root.

FOLIA CAROBÆ. JACARANDA PROCERA (SPRENGEL). This new drug, from Brazil, is now attracting the attention of the profession in Germany as a valuable and effective anti-syphilitic. It is said to possess alterative, diuretic, sudorific and tonic properties, to a marked degree, especially in the latter particular. Hence its application to the treatment of syphilis, in all its forms.

The Carobæ may be continued advantageously with Iodide Potassium in cases distinguished by pains in the limbs. It is indicated in the cure of old syphilitic ulcers, to which it may be applied topically.

CASCARA SAGRADA. RHAMNUS PURSHIANA. This is the bark of a tree indigenous to northern California and Oregon, known botanically as the Rhamnus Purshiana. It has long been used on the Pacific Coast among the Indians and old Spanish residents, as a remedy for habitual constipation, and other disorders of the alimentary canal. Many physicians write to us that they must have the Cascara *at any price*, as it has proved invaluable in their practice.

We cannot too strongly caution physicians and druggists to specify **"P., D. & CO.'S,"** if they desire a preparation of the *true* drug, Rhamnus Purshiana.

COTO BARK. The tree from which this bark is derived is a native of Brazil and Bolivia, though as yet we *cannot locate it botanically.* Coto Bark was first tested clinically by Prof. Gietl, of Munich (Germany), who considered it a specific for diarrhœa in its various forms. Dr. Riecker, of Stuttgart, concurred in this. Prof. Baetz, of Tokio, Japan, in the *Centralblatt*, recommends it for malignant cholera. In Bolivia it is used for diarrhœa, colic, and neuralgic toothache, and externally in rheumatism and gout. It has been also employed in the sweating of phthisis, and typhus, catarrhal diarrhœa, gastric catarrh, pneumonia, uterine colic, acute articular rheumatism, cholera, cholera morbus, dysentery, night sweats, etc.

FIVE FLOWERED GENTIAN. GENTIANA QUINQUEFLORA. Among the many substitutes for quinine this plant is one of the most valuable. In many cases where quinine and other antiperiodics have proved futile, this remedy has been found very efficacious. In combination with hydrastis, it has been found an excellent tonic in depraved conditions of the digestive apparatus, increasing the biliary secretions and acting as a stimulant to the excretory organs. In fevers in combination with gelsemium, and in derangement of the biliary organs in conjunction with leptandrin and podophyllin, it seems to increase the action of those agents.

GRINDELIA ROBUSTA. This remedy has been successfully employed in asthma, bronchial difficulties, iritis, vaginitis, and other diseases of the mucous surfaces. In combination with Yerba Santa it has also been found specially efficacious in bronchial affections. It is well known that many of the varieties of this family bear so close a resemblance to each other that it is difficult to distinguish between them, and the Squarrosa and other varieties are hence often unwittingly substituted for the Robusta. Our own supply is gathered for us under the direction of a competent botanist, and is known to be genuine.

DESCRIPTIVE CIRCULARS.

We shall be happy to furnish upon application descriptive circulars giving the botanical history and therapeutical application of New Remedies recently introduced by us. We will also send, if desired, our price list, giving names and prices of nearly two thousand articles manufactured by us.

☞ *Send stamp for Price List and Circulars described above.*

PARKE, DAVIS & CO.,

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PARKE, DAVIS & CO.'S

EMPTY CAPSULES

Our Capsules are manufactured by means of improved apparatus, producing the most accurate and unvarying results. The gelatine employed is of the finest quality, which, in our hands, undergoes a certain process, increasing its transparency and elasticity. Through these improvements in apparatus and material, we are enabled to produce capsules which are uniformly accurate, transparent, elastic and permanent, in which properties they are *excelled by none sold in the United States or Europe.*

These little articles will be found of great value and convenience in the hands of the physician who studies to remove the objectionable properties of the medicines which he deems it necessary to employ.

Many drugs, among which we may note *roots, gums, emetics, capsicum, etc.*, which—either from the more immediate effect to be produced, or from some special action to be desired—the physician proposes to administer in the *crude* or *powdered* state, in preference to any form of preparation, are practically debarred from use in certain cases on account of their physical properties (appearance, odor, taste), and the difficulty experienced in swallowing them. It is frequently advisable to conceal from the patient the nature or identity of the drug, because of some idiosyncrasy, or of his imagination with regard to its peculiar effects on his system.

To be able to easily disguise these features of a remedy at the bedside of a patient, at a time and place when he cannot employ the assistance of a pharmacist, is a great desideratum to the practitioner.

Our Capsules will fully supply this want; a few trials will demonstrate all their advantages, among which we may enumerate the following:

Convenience.—A box (100 capsules) can be carried in the pocket without inconvenience, ready for use as desired. They may be filled with the medicine in a moment, thoroughly disguising its appearance, odor and taste, and are easily swallowed, thus gaining, if we may use the phrase, a foothold in the stomach for the drug, which would have been quickly rejected by the patient in its undisguised state.

Solubility.—We have endeavored to so *prepare our gelatine* that it will quickly dissolve under the combined action of the *warmth* and *moisture* of the stomach, requiring but little digestive action, and as a result, *our capsules can be employed in dyspepsia and other form of irritable or torpid stomach*, when this property is essential

Therapeutical Effect.—The gelatine having been dissolved, the remedy is brought into contact with the surface of the stomach *under the most favorable circumstances*, and, if the case will permit, will soon be assimilated, and the desired results achieved.

Emetics are exhibited in capsules to great advantage, and quick returns may be confidently expected. In this respect capsules are in contrast to pills, which, from their form and constituents gradually dissolve in the stomach, producing the effects desired from narcotics, tonics, etc., while they are not dissolved rapidly enough for the use to which powerful emetics are devoted.

Administration.—Capsules, can, of course, be applied to the administration of any class of medicines, either simple or in combination; yet they are especially designed for facilitating the act of swallowing such articles as *powdered roots* and *gums* (which, from their insoluble or glutinous nature, are liable to linger in the mouth too long), or for disguising the taste of *quinine, morphine, capsicum, oils, fluids* and *solid extracts, etc.*

Our capsules are put up in neat paper boxes, containing 100 each, for which we charge fifty cents each. *We will mail a box to any address on receipt of the price and three cents postage.*

Send stamps for a sample.

PARKE, DAVIS & CO.,

Always specify Parke, Davis & Co.'s. DETROIT, MICH.

EXTRACT OF MALT

FROM THE LABORATORY OF

PARKE, DAVIS & CO., DETROIT, MICH.

Prepared from fresh Canada barley malt of
choicest quality.

Dose, two to four drachms, three times a day, which may be administered undiluted, or with milk or wine, as preferred.

Many preparations of malt have been placed before the medical profession as representing the properties of this agent; few, however, seem to have fulfilled what was expected from the glowing representations accompanying them. The trouble seems to lie in the method of preparation, wherein, by careless handling and undue use of heat, the preparation becomes burnt (as shown in appearance and taste), and practically useless. We have devoted considerable attention and experiment to our extract of malt, and have, we believe, developed a really valuable article, which we offer wholly on *its own merits*. Great care is exercised in the selection of the malt, and in the careful use of heat in its preparation.

The properties of this remedy are due principally to the principle diastase (which has the power of changing the insoluble starch to the soluble maltose) as well as the nutritive elements. Its use is indicated in certain forms of dyspepsia (amylaceous), phthisis, bronchitis, asthma, loss of appetite, chronic diarrhœa, debility of females and the aged, and in convalescence from exhausting diseases, etc.

CAUTION.

The black scorched preparations, offered at low prices in the market, should be avoided, as giving physical evidence of undue use of heat in process of manufacture. Concerning the manufacture of malt extract, the German Pharmacopœia directs: "Digest for an hour, at a temperature not exceeding 65° C. (about 150° F.); then heat the mass to the boiling point, and strain immediately by expression. Evaporate the clear liquid as rapidly as possible, stirring constantly, to the consistency of a *thick* extract. Extract of malt is *yellowish brown, having an agreeable sweet taste. It should be preserved in a cool place.*"

Hence physicians should examine the preparations of malt, dispensed on prescriptions, as to appearance, odor and taste, for evidence as to the medicinal and nourishing value of the article.

Glucose (grape sugar) is also used largely as an adulterant to cheapen the product.

We offer the following combinations of Malt Extract, put up in pint bottles, each containing one and a half pounds of the preparation. Specify "Parke, Davis & Co.'s" on your prescriptions.

Extract Malt. Prepared after the formula of the German Pharmacopœia.

Extract Malt with Lacto-Phosphates. The lacto-phosphates offer the necessary mineral constituents of the human system in an easily assimilatable form. Combined with extract malt they make a preparation of much value in diseases of impaired nutrition, as in dyspepsia, brain troubles, diseases of the bones, phthisis, etc.

Extract Malt with Pepsine and Lacto-Phosphates. The combination of pepsine with lacto-phosphate lime and extract malt affords an agreeable, convenient and most effective remedy in all diseases characterized by impaired nutrition, whether the fault be due to weakness of the digestive organs, or to wasting diseases.

Extract Malt with Alteratives. This preparation is a combination of the most powerful alteratives known to medical science, and is recommended in all cases where such treatment is indicated, as in scrofulous and syphilitic affections, skin diseases, glandular complaints, and diseases of the bones and cartilages.

Extract Malt with Cascara Sagrada. Cascara Sagrada is a most effectual remedy in habitual constipation, and in combination with extract malt affords a valuable agent in dyspepsia accompanied with this troublesome symptom. It is recommended to use small doses — say two drachms—of this preparation four times daily for a period of two or three weeks.

Extract Malt with Cascara Sagrada and Berberis Aquifolium. The tonic and alterative powers of the berberis, combined with cascara and extract malt, offer a preparation indicated in habitual constipation and dyspepsia (when the food is thrown up), especially when these affections are found in scrofulous or syphilitic patients.

Extract Malt with Cod-Liver Oil. An elegant emulsion of cod-liver oil, combining the healing and nutritious properties of both agents.

Extract Malt with Beef, Iron and Wine. This preparation combines the digestive and nutritive properties of the malt and beef with the stimulating, tonic powers of the wine and iron.

Extract Malt with the Hypophosphites. More effectual than any other preparation of the hypophosphites for the diseases in which they are indicated.

Extract Malt with Hops. Adding the tonic and the sedative power of hops.

Extract Malt with Iodides Comp. Of great value in anæmic conditions incident to syphilitic, scrofulous, cancerous and tuberculous affections.

Extract Malt with Protochloride Iron. A valuable and easily assimilated tonic, used largely for anæmia.

Extract Malt with Pepsine.

Extract Malt with Pepsine and Bismuth.

Extract Malt with Pepsine and Strychnia. The combinations of malt extract with pepsine, bismuth and strychnia are useful in the different phases of dyspepsia, chronic diarrhœa, debility, nervousness, etc., as indicated.

Extract Malt Ferrated.

Extract Malt Ferrated with Quinine. Pyrophosphate of iron and quinine, in certain cases, are of great value in combination with malt extract.

PARKE, DAVIS & CO.,

Always specify Parke, Davis & Co.'s. **DETROIT, MICH.**

PHOSPHORUS.

Many attempts have been made to exhibit phosphorus in an uncombined state, which has long been a desideratum with the profession. It has been proposed to dissolve it in ether, but a more dangerous advice could hardly have been suggested. Cod-Liver oil, too, has been tried to some extent as a vehicle, but the phosphorus is readily oxidized unless protected by a long and difficult process, and the nauseous taste of the oil practically removes this agent from consideration,

We have for many years been supplying this element to the profession in the form of pills, which seem to obviate the objections to the other forms of administration now in use. They are absolutely protected from change by the sugar-coating, itself a powerful deoxidizing agent. *They are easy and pleasant to administer, prompt in their action, and probably introduce the element in the best form for speedy absorption.*

While pills of phosphorus, properly prepared, are a safe and efficient method of administering this remedy, physicians will do well to avoid all brands which are not *known* to be worthy of confidence. To properly prepare these pills requires expensive and complicated apparatus, and the highest skill that can be procured. We ask only a careful comparison of our products with those of other manufacturers, believing that such a test is the best advertisement we can desire.

Standard Formulas Sugar-Coated Pills.

Phosphorus.
Phosphorus and Belladonna.
Phosphorus Comp.
Phosphorus and Iron.
Phosphorus and Nux Vomica.
Phosphorus, Nux Vomica and Damiana.
Phosphorus, Iron and Nux Vomica.
Phosphorus, Iron and Quinine.
Phosphorus, Iron, Quinine and Nux Vomica.
Phosphorus and Quinine.
Phosphorus and Quinine Comp.
Phosphorus, Quinine and Nux Vomica.
Phosphorus, Quinine and Digitalis Comp.
Phosphorus and Digitalis Comp.
Phosphorus, Digitalis and Iron.
Phosphorus and Cannabis Indica.
Phosphorus, Morphia and Val. Zinc.
Phosphorus, Aloes and Nux Vomica.
Phosphorus and Zinc Comp.
Phosphorus, Zinc and Strychnia.
Phosphorus, Opium and Digitalis.
Phosphorus and Strychnia.
Phosphorus, Strychnia and Iron.
Phosphorus and Cantharides Comp.
Phosphide Zinc.
Phosphide Zinc and Nux Vomica.

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PARKE, DAVIS & CO.,

Specify Parke, Davis & Co.'s. **Manufacturing Chemists, Detroit, Mich.**

The Following Preparations are Especially Recommended to the Profession.

MILK OF MAGNESIA

The Most Effective Aperient and Antacid Known.

IT IS ESPECIALLY VALUABLE,

First: In Disorders of the Stomach, Indigestion, Sick Headache, Nausea, Costiveness, Flatulency.

Second: In all Complaints of Infancy, whether arising from Indigestion, Imperfect Dentition or Impurity of the Blood.

Third: As a Laxative, removing causes of Constipation.

Fourth: As a Preventive of Sourness of Food in the Stomach.

Fifth: As the unfailing and acceptable remedy for the Nausea incidental to Pregnancy.

Phospho-Nutritine

A NEW AND IMPORTANT PREPARATION OF THE SOLUBLE WHEAT PHOSPHATES.
TONIC, DIGESTIVE, AND HIGHLY NUTRITIVE.

A vitalizing Tonic, superior to all others; entirely devoid of Alcoholic Stimulant; relieving Mental and Physical Prostration. An Agreeable Substitute for Nauseous Drugs and Liquors; more naturally efficient, yet entirely free from their unpleasant effects and disastrous tendencies.

ITS IMMEDIATE AND PERMANENT BENEFICIAL EFFECTS ARE RECOGNIZED

In Dyspepsia, Consumption, Scrofula, or any Deterioration of the Blood.
Neuralgia and Nervous Affections.
In Languor, Debility, and Loss of Ambition.
In Impairment of the Brain, and in complaints that follow Overtaxing the System.

To Members of the Profession, to Merchants, to Students, and to all whose pursuits demand intellectual activity, and therefore draw heavily upon their vital powers, Phospho-Nutritine has proven itself to be the thing desired.

In contrast with other preparations pressed upon the public, as of value in Nervous Affections, it is to be understood that

PHOSPHO-NUTRITINE does not STIMULATE calling the already enfeebled system to *further present fitful activity*, only to be followed by *complete exhaustion;* extorting a momentary brilliancy from a dying ember, but that it repairs the waste, quiets the nerves and nourishes the vital powers; *produces and aggregates new strength for future effort.*

PHOSPHO-NUTRITINE ENERGIZES,

Phillips' Palatable Cod Liver Oil,

IN COMBINATION WITH PHOSPHO-NUTRITINE.

TRADE MARK

A Pure, Perfect, Pleasant, Powerful Preparation.

MIXES WITH WATER IN ALL PROPORTIONS, FORMING A MOST PALATABLE AND INVIGORATING DIET.

For use in Consumption, Scrofula and Wasting Diseases.

This combination is a perfect preparation of pure Norwegian Cod Liver Oil, and Phospho-Nutritine, as found in White Wheat, retaining all the remedial and nutritive principles of each, compounded in accordance with scientific principles, under our direct supervision. The Medical Profession, as far as we have been able to reach, have unhesitatingly preferred PHILLIPS' "PALATABLE" for these reasons:

First: The *abundance of the best Cod Liver Oil in its natural condition*, the universally accepted agent in the treatment of Consumption and Emaciation.

Second: The vitalizing power of Phospho-Nutritine, *building up with the Phosphates.*

Third: The *Absence of Saponifying results*, destroying the properties of the oil, making of the stomach a receptacle for soft soap, the more common error in emulsions, particularly those in which Hypophosphites are present.

Fourth: The minute subdivision of the oil globules, permitting and demanding its administration with water, *assuring thorough assimilation.*

Fifth: The absolute disguise, which covers the repugnant taste and smell of the oil, making it *acceptable* to the most sensitive or fastidious.

Sixth: Its acceptability and *retention by all; the stomachs of some, especially females, having rejected all other preparations.*

Confident of the superiority of our preparation, which feeling of confidence has been confirmed by innumerable unsolicited testimonials from most eminent practitioners, we solicit from all interested in the prescription or administration of medicine, an examination into their merits; to assist you in which will be our pleasure, if you will address to us a notice of your desires.

CHARLES H. PHILLIPS, Manufacturing Chemist,

2 and 4 Platt St., New York.

☞Circulars and Samples furnished upon application by mail.
In corresponding mention Cincinnati Medical News.

To the Medical Profession.

LACTOPEPTINE

The most important remedial agent ever presented to the Profession for Indigestion, Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all diseases arising from imperfect nutrition, containing the five active agents of digestion, viz: Pepsin, Pancreatine, Diastase, or Veg. Ptyalin, Lactic and Hydrochloric Acids, in combination with Sugar of Milk.

FORMULA OF LACTOPEPTINE:

Sugar of Milk	40 oz.	Pancreatine	6 oz.	Lactic Acid	5 fl. dr.
Pepsin	8 oz.	Veg. Ptyalin or Diastase	4 dr.	Hydrochloric Acid	5 fl. dr.

LACTOPEPTINE owes its great success solely to the Medical Profession, and is sold almost entirely by Physicians' Prescriptions. Its almost universal adoption by the profession is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned having tested LACTOPEPTINE, recommend it to the profession:

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Professor of Pathology and Practice of Medicine, University of the City of New York
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Professor of Orthopœdic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

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SAMUEL R. PERCY, M. D.,
Professor Materia Medica, New York Med. College.

A. VAN DEVEER, M. D., Albany, N. Y., June 8th, 1878. Prof. of the Prin. and Prac. of Surg., Albany Med. Col.; Surg. Albany and St. Peter's Hospitals.	"I have given LACTOPEPTINE a good thorough trial, and have been greatly pleased with the excellent results that have followed its administration."
JOHN H. PACKARD, M. D., Philadelphia, Pa., May 30th, 1878. Pres't Pa. Co. Obstet. Society; Surg. Episcopal and Women's Hospitals;	"I have found great satisfaction in the use of LACTOPEPTINE, and have ordered it frequently in cases of Dyspepsia, especially where there is want of tone and defective secretion."
JAS. AITKEN MEIGS, M. D., Philadelphia, June 20th, 1878. Prof. of the Institutes of Med. and Med. Juris., Jeff. Medical College; Phy. to Penn. Hos.	"I have used LACTOPEPTINE with very good effect in a number of cases of Dyspepsia."
W. W. DAWSON, M. D., Cincinnati, O., June 21st, 1878. Prof. Prin. and Prac. Surg. Med. Col. of Ohio; Surg. to Good Samaritan Hospital.	"I have used LACTOPEPTINE with great advantage in cases of feeble digestion."
ALBERT F. A. KING, M. D., Washington, D. C., June 19th, 1878. Prof. of Obstetrics, University of Vermont.	"I have used LACTOPEPTINE both in hospital and private practice, and have found it to answer fully the purposes for which it is recommended. As an immediate aid to the digestive function, I know of no remedy which acts more directly."
D. W. YANDELL, M. D., Louisville, Ky., March 7th, 1878. Prof. of the Science and Art of Surg., and Clinical Surg, University of Louisville.	"I have made much use of LACTOPEPTINE, and take great pleasure in stating that it has rarely disappointed me. I shall, of course, continue to prescribe it."
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Prof. H. C. BARTLETT, Ph. D., F. C. S., London, England, February 22d, 1876.	"I find the preparation of LACTOPEPTINE contains within itself all the principles required to promote a healthy digestion."

PRICE.

LACTOPEPTINE (in oz. bottles)	per oz.,	$1
" (" ")	per doz.,	10
" (in ½ lb. ")	per lb.,	12

We also prepare the various Elixirs and Syrups, in combination with Lactopeptine.

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